## . 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

## Aug 04, 2005 8:00 am Secretary of State 07-07-2005 90009 005 \*\*\*150.00 **DOCUMENT # P01000072701** FISHEATING CREEK TREE CO. Principal Place of Business Mailing Address PO BOX 1466 9500 N MAIN ST. LABELLE, FL 33975 PALMDALE, FL 33944 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07282005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 03-0403582 \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIGGINBOTHAM, ANDREW J Street Address (P.O. Box Number is Not Acceptable) 150 S MAIN ST SUITE #1 LABELLE, FL 33935 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition TITLE □ Defete GILLETT, CHARLES C NAME NAME STREET ADDRESS P.O. BOX 45 STREET ADDRESS CITY-ST-ZIP PALMDALE, FL 33944 CITY-ST-7IP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TITLE ☐ Delete TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DIRECTOR

**FILED** 

×7-29-05

Daytime Phone #

7/7/2005-90009-005-\$150.00-\$150.00

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	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent					
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8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the collections affective agent.									
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12. I threaty dentity that the Information supplied with this filling does not qualify the the exemption stated in Section 119.07(3)(4). Funds Statutes, I further centry that the information indicated on this report or supplies that I are accurate and that my signed shall have the same legal effect as if made under carb; that I are an officer or director of the corporation of the receiver or trustee empowered to execute this report as recurred by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 that changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: X									

July 28, 2005

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RE: Fisheating Creek Tree Co.
Annual Report Notice

Dear Sir or Madam;

The taxpayer does not remember receiving the postcard renewal form and was unaware of his neglect to file this report until he received the second notice. Therefore, their payment of the original fee of \$150.00 was sent along with the incorrectly signed form. Enclosed is a correctly signed form. We request that you credit the already received \$150.00 and abate any penalties associated with this oversight as it was an unintentional error and in no way an attempt to not comply with the state tax laws.

Thank you for you assistance in this matter.

Very Truly Yours,

Andrew J. Higginbotham, CPA

AJH/cap