


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

07-07-2005 90009 005 ***150.00

DOCUMENT # P01000072701 1. Entity Name FISHEATING CREEK TREE CO.					
Principal Place of Business 9500 N MAIN ST. PALMDALE, FL 33944			Mailing Address PO BOX 1466 LABELLE, FL 33975		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0403582	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HIGGINBOTHAM, ANDREW J 150 S MAIN ST SUITE #1 LABELLE, FL 33935				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLET, CHARLES C		NAME		
STREET ADDRESS	P.O. BOX 45		STREET ADDRESS		
CITY-ST-ZIP	PALMDALE, FL 33944		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charles C Gillett</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			x7-29-05 Date Daytime Phone #		


From: HIGGINBOTHAM & SOUD, PA

863 675 7767

06/09/2005 16:15 4010 D 000 0000

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

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ANNUAL REPORT**

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0403582		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HIGGINBOTHAM, ANDREW J 150 S MAIN ST SUITE #1 LABELLE, FL 33935		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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SIGNATURE <i>Charles C Gillett</i>		DATE 6-29-05	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <i>X</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR			

ATTACHMENT

06025424

ATTACHMENT # 606025424
PO1000072701
Higginbotham & Soud, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

July 28, 2005

DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE FL 32314-6327

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 your assistance in this matter.

Very Truly Yours,



Andrew J. Higginbotham, CPA

AJH/cap