


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90127 042 \*\*\*150.00

<b>DOCUMENT # P03000138393</b> 1. Entity Name <b>GB TREES AND SEDIMENT INC</b>					
Principal Place of Business <b>2064 CRANBERRY BLVD</b> <b>NORTH PORT, FL 34287 US</b>			Mailing Address <b>2064 CRANBERRY BLVD</b> <b>NORTH PORT, FL 34287 US</b>		
2. Principal Place of Business <b>2150 Leryl Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>11815 Sumter Blvd.</b> Suite, Apt. #, etc. <b>PMB 262</b>			
City & State <b>North Port FL</b>		City & State <b>North Port, FL</b>		4. FEI Number <b>20-0425359</b>	
Zip <b>34286</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUJNOWSKI, GARY</b> <b>2064 CRANBERRY BLVD</b> <b>NORTH PORT, FL 34287</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2150 Leryl Ave.</b> City <b>North Port</b> <b>FL</b> Zip Code <b>34287</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BUJNOWSKI, GARY</b> <b>2064 CRANBERRY BLVD</b> <b>NORTH PORT, FL 34286</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2150 Leryl Ave.</b> <b>North Port, FL 34287</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>NICHOLS, GEORGE</b> <b>1890 RONALD ST</b> <b>NORTH PORT, FL 34287</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-16-06</u> <u>941-815-1967</u> <small>Date Daytime Phone #</small>		

66006226



02032006 Chg-P CR2E034 (11/05)



ATTACHMENT  
66006226

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2006

GB TREES AND SEDIMENT INC  
1181 S SUMTER BLVD  
PMB 262  
NORTH PORT, FL 34287 US

Subject: **GB TREES AND SEDIMENT INC**

Reference Number: **P03000138393**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION