

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000154907

1. Entity Name  
CANNON TREES, INC.



**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
19001 RAINTREE DR  
BROOKSVILLE, FL 34601

Mailing Address  
19001 RAINTREE DR  
BROOKSVILLE, FL 34601



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0856540

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANNON, ADAM HANSEL  
16252 JONES RD  
BROOKSVILLE, FL 34601

**DO NOT WRITE  
IN THIS SPACE**

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

*Adam Cannon* President

4/26/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CANNON, ADAM HANSEL  
STREET ADDRESS 16252 JONES RD  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE D  
NAME CANNON, KENNETH GORDON  
STREET ADDRESS 19008 RAINTREE DR  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE D  
NAME CANNON, EUNICE B  
STREET ADDRESS 19008 RAINTREE DR  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000543483  
05/10/06-80139-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 352-279-970

Date

Daytime Phone #