


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000154907	
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1. Entity Name
CANNON TREES, INC.

Principal Place of Business
**19001 RAINTREE DR
BROOKSVILLE, FL 34601**

Mailing Address
**19001 RAINTREE DR
BROOKSVILLE, FL 34601**



04282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0856540	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000741230
05/15/07-80019-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, ADAM HANSEL 16252 JONES RD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, KENNETH GORDON 19008 RAINTREE DR BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, EUNICE B 19008 RAINTREE DR BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Eunice B. Cannon Eunice B. Cannon 4/27/07 352-279-9709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #