04/26/2005 13:41 6317258262 MICHAEL J MIR

FILED
May 31, 2005 8:00 am
Secretary of State
05-02-2005 90985 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000035854

1. Entity Name
P.R. TRUST, INC.

66019816

Principal Place of Business	Mailing Address
2954 N.E. LOQUAT LANE JENSEN BEACH, FL 34957	2954 N.E. LOQUAT LANE JENSEN BEACH, FL 34957

04222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1583 S.E. Pomeroy St		1583 S.E Pomeroy St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Stuart, FL		City & State: Stuart, FL	
Zip: 34997	Country: USA	Zip: 34997	Country: USA

4. FEI Number 45-0535265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RUTLAND, LEONARD JR. ESQ
759 SOUTH FEDERAL HIGHWAY
SUITE 303
STUART, FL 34994

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	CASS, GERALD B		NAME	Cass, Gerald S.	
STREET ADDRESS	2954 N.E. LOQUAT LANE		STREET ADDRESS	1583 SE. Pomeroy St.	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	D	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	CASS, JOAN E		NAME	Cass, Joan E	
STREET ADDRESS	2954 N.E. LOQUAT LANE		STREET ADDRESS	1583 SE Pomeroy St	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	Stuart, FL 34997	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan E Cass 4/28/5 772-631-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOAN E. CASS, V.P.