

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000035854

Entity Name: P.R. TRUST, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2602 SE ST. LUCIE BLVD.  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1770  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 45-0535265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASS, JOAN  
2602 SE ST. LUCIE BLVD.  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CASS, GERALD S  
Address: P. O. BOX 1770  
City-St-Zip: STUART, FL 34995

Title: D  
Name: CASS, JOAN E  
Address: P. O. BOX 1770  
City-St-Zip: STUART, FL 34995

Title: D  
Name: LEE, SPENCER D  
Address: 47 ST. THOMAS DR.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAN E CASS

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date