

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035250

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** CORPORATE TRUSTEE, INC.

**Current Principal Place of Business:**

123 SOUTH CALHOUN ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

123 S CALHOUN ST  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 391  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
123 SOUTH CALHOUN ST  
TALLAHASSEE, FL 32301      US

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

PIERCE, ROBERT A  
123 S CALHOUN ST  
TALLAHASSEE, FL 32301      US

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

02/15/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PROCTOR, H. PALMER  
Address: PO BOX 391  
City-St-Zip: TALLAHASSEE, FL 32302

Title: VPST  
Name: PIERCE, ROBERT A  
Address: PO BOX 391  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D  
Name: PIERCE, ROBERT A  
Address: PO BOX 391  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D  
Name: MCCORD, FRED L  
Address: PO BOX 14919  
City-St-Zip: TALLAHASSEE, FL 32317

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: ROBERT A. PIERCE

VPD

02/15/2011

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

\_\_\_\_\_  
Date