


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000000488**

1. Entity Name  
**FLORIDA NATURAL RESOURCES, INC.**



Principal Place of Business  
**425 EAST SPRUCE ST  
 UNIT A  
 TARPON SPRINGS, FL 34689**

Mailing Address  
**P.O. BOX 819  
 TARPON SPRINGS, FL 34688**

**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3221917**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DRIS, MICHAEL E  
 114 S PINELLAS AVENUE  
 TARPON SPRINGS, FL 34688**

**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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

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

U00000508203  
 04/27/06-80093-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GIALLOURAKIS, NICOLE L
STREET ADDRESS	5 BAYWOOD DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	DVST
NAME	GIALLOURAKIS, DENISE A
STREET ADDRESS	415 MANOR BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34683
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 empowerd.

SIGNATURE: Denise A. Giallourakis, V.P. **4/11/06 727-938-8716**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayside Phone #

**Denise A. Giallourakis**