# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2006**
**Secretary of State**

DOCUMENT# P99000044112

**Entity Name:** FORT PIERCE TREES, INC.

**Current Principal Place of Business:**

10300 WEST MIDWAY ROAD
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

10300 WEST MIDWAY ROAD
FORT PIERCE, FL 34945

**New Mailing Address:**

**FEI Number: 65-0920038** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HOPPER, PAUL B
1914 ESPLANADE AVE
FORT PIERCE, FL 34982 US

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

HOPPER, PAUL B
5367 NW RUGBY DRIVE
FORT PIERCE, FL 34983 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: 03/27/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: HOPPER, PAUL B
Address: 1914 ESPLANDE AVE.
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: MCWHORTER, GARY C
Address: 5503 BIRCH DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: HOPPER, PAUL B
Address: 5367 NW RUGBY DRIVE.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V (X) Change ( ) Addition
Name: MCWHORTER, GARY C
Address: 5503 BIRCH DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Change (X) Addition
Name: HOPPER, JANICE
Address: 5367 NW RUGBY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S ( ) Change (X) Addition
Name: MCWHORTER, MARGARET
Address: 5503 BIRCH DRIVE
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET MCWHORTER S 03/27/2006
Electronic Signature of Signing Officer or Director — Date