2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 761104

Entity Name: TREE PAC, INC.

Current Principal Place of Business:

C/ FLORIDA FORESTRY ASSOCIATION
402 E. JEFFERSON STREET, P.O. BOX 1696
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

C/ FLORIDA FORESTRY ASSOCIATION
402 E. JEFFERSON STREET, P.O. BOX 1696
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2141178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORAN, JEFF
402 EAST JEFFERSON
TALLAHASSEE, FL 32301 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: VD ( ) Delete
Name: VOGEL, JOHN T.,
Address: EAST DARBY ROAD
City-St-Zip: SAN ANTONIO, FL

Title: STD ( ) Delete
Name: COOK, WILLIAM K.,
Address: RT. 1 BOX 1675
City-St-Zip: CALLAHAN, FL

Title: D ( ) Delete
Name: STOKES, HAROLD
Address: RT. 1, BOX 666
City-St-Zip: BRYCEVILLE, FL

Title: D ( ) Delete
Name: PRITCHETT, MARVIN,
Address: 1050 SE 6TH ST.
City-St-Zip: LAKE BUTLER, FL

Title: D ( ) Delete
Name: VAN LOOCK, HARRY, J,
Address: RT. 3, BOX 260
City-St-Zip: PERRY, FL

Title: PD ( ) Delete
Name: COOK, BOB
Address: P.O. BOX 2249
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB COOK PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date