2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-03-2006 90029 001 ***300.00 **DOCUMENT # P02000107076** SOUTH LAKE TREE FARM, INC. Principal Place of Business Mailing Address 66000624 3900 BRIDGES ROAD 3900 BRIDGES ROAD GROVELAND, FL 34736 GROVELAND, FL 34736 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 56-2319210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARKEY, DONALD L DO NOT WRITE 3900 BRIDGES RD GROVELAND, FL 34736 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n MARKEY, DONALD L NAME STREET ADDRESS 3900 BRIDGES ROAD CITY-ST-7IP GROVELAND, FL 34736 TITLE NAME MARKEY, DONALD R STREET ADDRESS 3900 BRIDGES ROAD CITY-ST-ZIP GROVELAND, FL 34736 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 add

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 03, 2006 8:00 am