


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

06-19-2008 90001 026 \*\*\*150.00

<b>DOCUMENT # V60972</b>	
<b>1. Entity Name</b> SHADE TREE PROPERTIES, INC.	

40100040

<b>Principal Place of Business</b> 750 W. LUMSDEN ROAD BRANDON, FL 33511 US	<b>Mailing Address</b> 750 W. LUMSDEN ROAD BRANDON, FL 33511 US
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



05202008 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b> CURRY, CLIFTON C., JR. 750 W. LUMSDEN ROAD BRANDON, FL 33511	<b>7. Name and Address of New Registered Agent</b>
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD LYNCH, JOHN 10236 FISHER AVE TAMPA, FL <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD CURRY, CLIFTON C JR 750 W LUMSDEN RD BRANDON, FL 33511 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 empowered.**

**SIGNATURE:**  **John Lynch** **4/6/08** **(813) 684-1782**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

www.CURRYLAWGROUP.COM

TELEPHONE: (813) 653-2500

FACSIMILE: (813) 689-0242



June 11, 2008

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

CLIFTON C. CURRY, JR.

C. COLE JEFFRIES, JR.

DANIEL W. KING

VICTORIA CRUZ-GARCIA

SARAH FINNEGAN

**Re: 2008 Profit Corporation Annual Report**  
**Shade Tree Properties, Inc.**  
**Document No. V60972**

Dear Sir or Madam:

We inadvertently failed to file a 2008 For Profit Corporation Annual Report for the above-referenced corporation as a result of the fact that we did not receive notification of same, apparently due to a breakdown with the U.S. Postal Service.

Consequently, enclosed is our client's check in the amount of \$150.00 payable to the Department of State to cover the filing fee, along with the completed report.

Thank you for your consideration. Please call me should you have any questions.

Sincerely,

Clifton C. Curry, Jr.

LAVIVA PROFESSIONAL CENTER  
750 WEST LUMSDEN ROAD  
BRANDON, FLORIDA  
33511-6217

REPLY TO:

POST OFFICE BOX 1143  
BRANDON, FLORIDA  
33509-1143

CCCjr\sjt  
Enclosures  
c: Client

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