## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 31, 2008 08:00 A **Secretary of State DOCUMENT # P00000063878** 1. Entity Name D & G TREE FARM, INC. Principal Place of Business Mailing Address 10355 100TH STREET, SOUTH 10355 100TH STREET, SOUTH BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1033136 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIORE, DANA DO NOT WRITE 10355 100TH STREET, SOUTH BOYNTON BEACH, FL 33437 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FIORE, DANA 10355 100TH STREET SOUTH STREET ADDRESS CITY-ST-ZiP BOYNTON BEACH, FL 33437 TITLE U00000874040 04/10/08-80103-005 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE NAME STREET ADDRESS CITY - ST-ZIP

12. I hereby certify that the information supplied with this filling 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 receive of 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

SIGNATURE:

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

**FILED**