

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90096 016 \*\*\*\*61.25

**DOCUMENT # 720637**

1. Entity Name

TREE HILL, INC.



Principal Place of Business

Mailing Address

7152 LONE STAR ROAD  
JACKSONVILLE FL 32211-5836

7152 LONE STAR ROAD  
JACKSONVILLE FL 32211-5836

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7102764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTESE, LUCILLE G  
7152 LONE STAR RD.  
JACKSONVILLE FL 32211

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE MD ☐ Delete  
NAME CORTESE, LUCILLE G  
STREET ADDRESS 7152 LONE STAR RD  
CITY-ST-ZIP JACKSONVILLE, FL 00000 32211

TITLE PP ☒ Delete  
NAME MCAFEE, MATT  
STREET ADDRESS 225 WATER ST STE 2020  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE P ☐ Delete  
NAME PHILLIPS, TONI  
STREET ADDRESS 11667 JONATHON RD  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VP ☐ Delete  
NAME HAMILTON, TIMOTHY  
STREET ADDRESS 7311 POTTSBURG DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE S ☐ Delete  
NAME PALMER, DON  
STREET ADDRESS 14524 LUTH DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE T ☐ Delete  
NAME DIAZ, EMILY  
STREET ADDRESS ONE INDEPENDENT DR STE 1300  
CITY-ST-ZIP JACKSONVILLE FL 32202

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

*Lucille G. Cortese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07 (908) 724-4646