

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 761104**

1. Entity Name  
**TREE PAC, INC.**



Principal Place of Business  
**C/ FLORIDA FORESTRY ASSOCIATION  
402 E. JEFFERSON STREET, P.O. BOX 1696  
TALLAHASSEE, FL 32302**

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



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2141178**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHELBY, ALAN  
402 EAST JEFFERSON  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000841873  
03/11/08-80005-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SIMMONS, DAN  
ONE BUCKEYE DRIVE  
PERRY, FL 32348**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SHELBY, ALAN  
402 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VOGEL, JACK  
P.O. BOX 564  
SAN ANTONIO, FL 33567**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, KELLY JR  
P.O. BOX 75  
BOSTWICK, FL 32007**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COOK, ROB  
P.O. BOX 2249  
LAKE CITY, FL 32056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BRANCH, MIKE  
P.O. BOX 1696  
TALLAHASSEE, FL 32302**

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IN THIS SPACE**

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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.