## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F15187

1. Entity Name
MAPLE TREE COMPANY



US

FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

130 BLOOMFIELD DR.

W. PALM BEACH, FL 33405 US

130 BLOOMFIELD DR. W PALM BEACH, FL 33405

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01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2063574

Applied For Not Applicab

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FARRELL, JOHN M. 130 BLOOMFIELD DR. W PALM BEACH, FL 33405

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	DPT FARRELL, JOHN M 130 BLOOMFIELD DR. W PALM BEACH, FL			000000781910 01/15/08-80053-022 158.75 <b>DO NOT WRITE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FARRELL, JAMES A 101 RUTLAND BLVD WEST PALM BEACH, FL 33405					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARRELL, JR., 'JOHN M 130 BLOOMFIELD DR WEST PALM BEACH, FL 33405					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME						

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 i changed, or on an attachment with an address, with all other like empowered.