

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # F28864

1. Entity Name

FRUITREE, INC.



Principal Place of Business

SUSAN BAGLEY HOUGHINS
28019 US HWY 27 SOUTH, P.O. BOX 939
DUNDEE FL 33838

Mailing Address

SUSAN BAGLEY HOUGHINS
28019 US HWY 27 SOUTH, P.O. BOX 939
DUNDEE FL 33838



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

CR2E034 (10/07)

4. FEI Number **59-2095381**

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

SUSAN BAGLEY HOUGHINS
28019 US HWY 27 SOUTH, P.O. BOX 236
DUNDEE FL 33838

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 *Susan Houghins*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME SUSAN BAGLEY HOUGHINS
STREET ADDRESS 28019 US HWY 27 SOUTH, BOX 236
CITY-ST-ZIP DUNDEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME SUSAN BAGLEY HOUGHINS
STREET ADDRESS 28019 US HWY 27 SOUTH, BOX 236
CITY-ST-ZIP DUNDEE FL 33838

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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 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: *Susan Houghins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #