2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30554

ame: MARSHALL TREE FARM. INC

FILED Apr 03, 2009 Secretary of State

Entity Name: MARSHALL TREE FARM, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
	65TH STREET ON, FL 32668					
Current Mailing Address:			New Mailing Address:			
	65TH STREET ON, FL 32668					
FEI Number: 59-2272178 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1000 LEGI ORLANDO	, WILLIAM R JF ON PLACE - S), FL 32801	UITE 1700 US				
	named entity seconds	submits this statement for the p	urpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MARSHALL, JA 3832 SW 84TH	STREET	Title: Name: Address: City-St-Zip:	P/D (X MARSHALL, JA 3832 SW 84TH GAINESVILLE,	STREET	
Title: Name: Address: City-St-Zip:	STVD () MARSHALL, LC 3832 SW 84TH GAINESVILLE,	STREET	Title: Name: Address: City-St-Zip:	V/D (X MARSHALL, LC 3832 SW 84TH GAINESVILLE,	STREET	
Title: Name: Address: City-St-Zip:	VD () MARSHALL, MI 9404 S. W. 1S GAINESVILLE,	T PLACE	Title: Name: Address: City-St-Zip:	V/D (X MARSHALL, MI 9404 SW FIRS GAINESVILLE,	ST PLACE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V/D () MARSHALL, JA 1129 SE 14TH OCALA, FL 34	TERRACE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	ST/D () MARSHALL, BO 4838 SW 91ST GAINESVILLE,	DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D MARSHALL, SR P/D 04/03/2009