


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # G42744 1. Entity Name ARBOR TREE AND LAND, INC.	
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Principal Place of Business 5796 WESTERN WAY LAKE WORTH, FL. 33463 P.O. BOX 1387 BOYNTON BCH., FL 33425-1387	Mailing Address 5796 WESTERN WAY LAKE WORTH, FL. 33463 P.O. BOX 1387 BOYNTON BCH., FL 33425-1387
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05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2384451	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HODGES, WILLIAM D. 5796 WESTERN WAY LAKE WORTH, FL 33463
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HODGES, WILLIAM DOYLE 5796 WESTERN WAY LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HODGES, TERRY M. 5796 WESTERN WAY LAKE WORTH, FL
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U00000158227
05/07/04-80013-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William D. Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/7/04 Daytime Phone # 361-965-2198