FILED
May 11, 2005 8:00 am
Secretary of State
04-13-2005 90038 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4

DOCUMENT # G58941

1. Entity Name
LOST TREE INTERIORS INC.

Principal Place of Business	Mailing Address
C/O SALLY W GRIEB 11437 OLD HARBOUR RD N. PALM BEACH, FL. 33408 US	C/O SALLY W GRIEB 11437 OLD HARBOUR RD N. PALM BEACH, FL 33408 US

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DO NOT WRITE IN THIS SPACE

03312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2343845
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIEB, SALLY W.
11437 OLD HARBOUR RD
N: PALM BEACH, FL 33408

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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: Sally W Grieb
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	GRIEB, SALLY W
STREET ADDRESS	11437 OLD HARBOUR RD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VP
NAME	ERDMANN, LISA ECCLESTONE
STREET ADDRESS	275 BARCELONA RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	T
NAME	MENDELSOHN, WENDY
STREET ADDRESS	1929 PORTAGE LANDING NORTH
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sally W Grieb 5-09-05 561-626-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #