

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G58941**

1. Entity Name

LOST TREE INTERIORS INC.



Principal Place of Business

C/O SALLY W GRIEB  
11437 OLD HARBOUR RD  
N. PALM BEACH, FL 33408 US

Mailing Address

C/O SALLY W GRIEB  
11437 OLD HARBOUR RD  
N. PALM BEACH, FL 33408 US



03082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

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

**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

*Sally W Grieb*

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

(NOTE: Registered Agent signature required when reinstating)

*3-20-06*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 MENDELSON, 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

1070000488569  
04/17/06-80012-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Sally W Grieb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-21-06*

Date

*561-626-2888*

Daytime Phone #