

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90025 018 \*\*\*150.00

**DOCUMENT # H22888**

1. Entity Name

LAKE COUNTY TREE FARMS, INC.



Principal Place of Business

12039 S.R. 33, SOUTH  
GROVELAND FL 34736  
US

Mailing Address

12007 SR 33  
GROVELAND FL 34736  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 68

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Groveland, FL

Zip

Country

Zip

Country

34736

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2462160

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

VANDUYNE, MARTHA

~~12007 SR 33 SOUTH~~

GROVELAND FL 34736

P.O. Box 68

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

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**

**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

TITLE VPD ☐ Delete  
NAME VANDUYNE, JR. G  
STREET ADDRESS 12007 SR 33  
CITY-ST-ZIP GROVELAND FL 34736

TITLE PD ☐ Delete  
NAME VANDUYNE, MARTHA  
STREET ADDRESS 12007 SR 33  
CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 68  
CITY-ST-ZIP Groveland, FL 34736

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 68  
CITY-ST-ZIP Groveland, FL 34736

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Martha Van Duyne*

Martha Van Duyne

3/7/05

352-429-4494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #