2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # H48510 1. Entity Name THOROBRED TREES, INC. Mailing Address Principal Place of Business % WILLIAM D. REESE 2227 S.E. 5TH STREET OCALA FL 34471 % WILLIAM D. REESE 2227 S.E. 5TH STREET OCALA FL 34471 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-2531834 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REESE, WILLIAM D. Street Address (P.O. Box Number is Not Acceptable) 2227 S.E. 5TH STREET OCALA FL 32671 Zip Code City 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent aignature required when constaining) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change Addition TIBLE ☐ Delete NAME REESE.WILLIAM D. NAME STREET ADDRESS STREET ADDRESS 2227 S.E. 5TH ST. CITY-ST-ZIP CITY - ST-ZIP OCALA FL 34471 ☐ Delete TIME Change ☐ Addition TITLE U00000545457 HAME NAME REESE, WILLIAM D., JR. 05/11/06-80077-013 150.00 STREET ADDRESS STREET ADDRESS 1842 SE 38TH CT. CITY-ST-ZIP CITY - ST- ZIP OCALA FL 34471 Change Addition . Deleter вщ NAME REESE, META T STREET ADDRESS STREET ADDRESS 2227 SE 5TH ST COTY - ST - ZIP CITY-ST-ZIE OCALA FL 34471 ☐ Addition VP. Defete ☐ Change THE RELE REESE, CARLTON T NAME MAM 1305 SE 19TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE REESE, CHRISTOPHER A NAME MAME 4407 NE 12 ST STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chauge ☐ Addition TITLE NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

SIGNATURE: WILLIAM D. KEESE WILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter of Printed NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; 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