

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48510

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: THOROBRED TREES, INC.

## Current Principal Place of Business:

% WILLIAM D. REESE  
2227 S.E. 5TH STREET  
OCALA, FL 34471

## New Principal Place of Business:

## Current Mailing Address:

% WILLIAM D. REESE  
2227 S.E. 5TH STREET  
OCALA, FL 34471

## New Mailing Address:

FEI Number: 59-2531834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REESE, WILLIAM D.  
2227 S.E. 5TH STREET  
OCALA, FL 32671      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REESE, WILLIAM D.  
Address: 2227 S.E. 5TH ST.  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: REESE, WILLIAM D., JR.  
Address: 1842 SE 38TH CT.  
City-St-Zip: OCALA, FL 34471

Title: ST ( ) Delete  
Name: REESE, META T  
Address: 2227 SE 19TH ST  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: REESE, CARLTON T  
Address: 1305 SE 19TH ST  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: REESE, CHRISTOPHER A  
Address: 4407 NE 12 ST  
City-St-Zip: OCALA, FL 34470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: REESE, WILLIAM D., JR.  
Address: 1842 SE 38TH CT.  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: REESE, CARLTON T  
Address: 1305 SE 19TH ST  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. REESE

P

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date