2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 07, 2007 8:00 am Secretary of State DOCUMENT # H58581 1. Entity Name 05-07-2007 90058 024 ***150.00 DIAZ TREE FARM, INCORPORATED Principal Place of Business Mailing Address 7502 PIERCE HARWELL RD. PLANT CITY FL 33565 7502 PIERCE HARWELL RD. PLANT CITY FL 33565 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2563403 Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DIAZ, VIRGINIA ANN 7502 PIERCE HARWELL RD. Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33565 City 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 it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BH. ☐ Delete HITLE Change Addition DIAZ, VIRGINIA NAMI NAMI 7502 PIERCE HARWELL RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 COY SI-ZIP CITY ST 7IP mu Delete TITLE Change Addition DIAZ, JOE STEPHEN NAME NAME 7502 PIERCE HARWELL RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CHY-ST 7IP DIAZ TERPY MICHAEL 7502 PIERCE HARWE PLANT CITY, EL33. Delete TITLE Addition THLE DIAZ, TERRY MICHAEL NAME 7502 PIERCE HARWELL RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CHY ST ZIP THE ☐ Defete THE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIF CITY ST-ZIP THE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-70 CHY-SI-ZIP TRUE Delete Addition ☐ Change NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 gither like empowered.

FILED

4-24-1007