## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H61846

FILED Jan 11, 2012 Secretary of State

Entity Name: TREES OF RIGHTEOUSNESS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5709 LAUREL OAK DR LAKELAND, FL 33811 US

**Current Mailing Address: New Mailing Address:** 

5709 LAUREL OAK DR LAKELAND, FL 33811 US

FEI Number: 59-2652724 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLS, BARRY L PD 5709 LAUREL OAK DR LAKELAND, FL 33811 US

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

## **OFFICERS AND DIRECTORS:**

Title:

NICHOLS, DIANE G D Name: 5709 LAUREL OAK DR Address: City-St-Zip: LAKELAND, FL 33811 US

Title:

Name: NICHOLS, BARRY L PD 5709 LAUREL OAK DR Address: LAKELAND, FL 33811 US City-St-Zip:

Title: PD

NICHOLS, BARRY L PD Name: 5709 LAUREL OAK DR Address: City-St-Zip: LAKELAND, 63 33811 US

Title: PD

NICHOLS, BARRY L PD Name: Address: 5709 LAUREL OAK DR City-St-Zip: LAKELAND, 63 33811 US

Title: PD

Name: NICHOLS, BARRY L PD Address: 5709 LAUREL OAK DR City-St-Zip: LAKELAND, 63 33811 US

Title:

Name: NICHOLS, BARRY L PD 5709 LAUREL OAK DR Address: City-St-Zip: LAKELAND, 63 33811 US

I hereby 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 all other like empowered.

SIGNATURE: BARRY L. NICHOLS **PRES** 01/11/2012