

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90514 032 ***150.00

DOCUMENT # H92395

1. Entity Name

TREE TOWN, INC.



Principal Place of Business

505 SO FLAGLER DR
SUITE 1010
W PALM BCH FL 33401
US

Mailing Address

PO BOX 85
W PALM BCH FL 33402
US

54040498



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2636217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RICHARD S.
505 SO FLAGLER DR
SUITE 1010
W PALM BCH FL 33401

7. Name and Address of New Registered Agent

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, 2004 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 DP ☐ Delete
NAME JOHNSON, RICHARD S
STREET ADDRESS 751 ISLAND DRIVE
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ Delete
NAME JOHNSON, RICHARD S., JR.
STREET ADDRESS 1706 N LAKESIDE DR
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ Delete
NAME JOHNSON, SCOTT A
STREET ADDRESS 241 MOCKINGBIRD TRAIL
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ Delete
NAME SNED, PATRICIA
STREET ADDRESS 165 ELWA PLACE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete
NAME FLAGG, CATHERINE J.
STREET ADDRESS 249 LA PUERTA WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Delete
NAME AUSTIN, HELENE J.
STREET ADDRESS 100 PLYMOUTH ROAD
CITY-ST-ZIP WEST PALM BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

561/655-7200

Daytime Phone #