2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # H92395

1. Entity Name
TREE TOWN, INC.

Principal Place of Business	Mailing Address
505 SO FLAGLER DR SUITE 1010 W PALM BCH, FL 33401 US	PO BOX 85 W PALM BCH, FL 33402 US

02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOHNSON, RICHARD S
STREET ADDRESS	751 ISLAND DRIVE
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	JOHNSON, RICHARD S., JR.
STREET ADDRESS	1706 N LAKESIDE DR
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	D
NAME	JOHNSON, SCOTT A
STREET ADDRESS	241 MOCKINGBIRD TRAIL
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	SNED, PATRICIA
STREET ADDRESS	165 ELWA PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	FLAGG, CATHERINE J.
STREET ADDRESS	249 LA PUERTA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	AUSTIN, HELENE J.
STREET ADDRESS	100 PLYMOUTH ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL

U00000697932
04/13/07-80059-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #