

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92395

Entity Name: TREE TOWN, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 85
W PALM BCH, FL 33402 US

New Mailing Address:

FEI Number: 59-2636217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RICHARD S.
505 SO FLAGLER DR
SUITE 1010
W PALM BCH, FL 33401 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: DP () Delete
Name: JOHNSON, RICHARD S
Address: 751 ISLAND DRIVE
City-St-Zip: PALM BEACH, FL

Title: D () Delete
Name: JOHNSON, RICHARD S., JR.
Address: 1706 N LAKESIDE DR
City-St-Zip: LAKE WORTH, FL

Title: D () Delete
Name: JOHNSON, SCOTT A
Address: 241 MOCKINGBIRD TRAIL
City-St-Zip: PALM BEACH, FL

Title: D () Delete
Name: SNED, PATRICIA
Address: 165 ELWA PLACE
City-St-Zip: WEST PALM BEACH, FL

Title: D () Delete
Name: FLAGG, CATHERINE J.
Address: 249 LA PUERTA WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: AUSTIN, HELENE J.
Address: 100 PLYMOUTH ROAD
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: RICHARD S JOHNSON

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date