2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90030 046 ***150.00

DOCUMENT # J59623

1. Entity Name
FUTURE TREES, INCORPORATED

Principal Place of Business	Mailing Address
KAREN B. STROSNIDER 10713 NW 59 TERR GAINESVILLE, FL 32653 US	KAREN B. STROSNIDER 10713 NW 59 TERR GAINESVILLE, FL 32653 US

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2802040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STROSNIDER, KAREN B 10713 NW 59TH TERR GAINESVILLE, FL 32653	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 _____ 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ STROSNIDER, DAN A. 10713 NW 59 TERR GAINESVILLE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ PRESIDENT STROSNIDER, KAREN B. 10713 NW 59 TERR GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ VICE PRESIDENT STROSNIDER, SCOTT 10713 NW 59 TERR GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Karen B Strosnider Karen B Strosnider 1-20-08 386-462-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STATE OF FLORIDA

ATTACHMENT

OFFICE of VITAL STATISTICS

CERTIFIED COPY

40009079

#J59623

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO.

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

MEDICAL CERTIFIER

1. DECEDENT'S NAME (First, Middle, Last, Suffix)					2. SEX
Dan	Andrew	Strosnider			Male
3. DATE OF BIRTH (Month, Day, Year)	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months	Days	4c. UNDER 1 DAY Hours	Minutes	5. DATE OF DEATH (Month, Day, Year)
December 11, 1937	69					January 04, 2007
6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (City and State or Foreign Country)			8. COUNTY OF DEATH		
484-38-5027	Desmoines Iowa			Alachua		

9. PLACE OF DEATH (Check only one) — HOSPITAL: X Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival
NON-HOSPITAL: ___ Hospice Facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other (Specify)

10. FACILITY NAME (If not institution, give street address)	11a. CITY, TOWN, OR LOCATION OF DEATH	11b. INSIDE CITY LIMITS?
North Florida Regional Medical Center	Gainesville	X Yes ___ No

12. MARITAL STATUS (Specify) — X Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married	13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)
	Karen Larson

14a. RESIDENCE - STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION		
Florida	Gainesville	Alachua		
14d. STREET ADDRESS		14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS?
10713 N. W. 59th Terrace			32653	___ Yes X No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"	15b. KIND OF BUSINESS/INDUSTRY
Operator/Owner	Tree Nursery

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)
X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe)
___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify)
___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) ___ 8th or less ___ High school but no diploma X High school diploma or GED ___ College but no degree ___ College degree (Specify): ___ Associate ___ Bachelor's ___ Master's ___ Doctorate	19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes X No

20. FATHER'S NAME (First, Middle, Last, Suffix)	21. MOTHER'S NAME (First, Middle, Maiden Surname)	
Harry Lindsey Strosnider	Ann Thompson	
22a. INFORMANT'S NAME	22b. RELATIONSHIP TO DECEDENT	22a. INFORMANT'S MAILING - STATE
Karen Strosnider	Wife	Florida
22b. CITY OR TOWN	22c. STREET ADDRESS	22d. ZIP CODE
Gainesville	10713 B. W. 59th Terrace	32653

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN
Williams Colonial Crematory	Florida	Gainesville

26. METHOD OF DISPOSITION ___ Burial ___ Entombment X Cremation ___ Donation ___ Removal from State ___ Other (Specify)

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? X Yes ___ No	27a. LICENSE NUMBER (of Licensee)	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
	2757	▶ Margaret Dickens

28. NAME OF FUNERAL FACILITY		28a. FACILITY'S MAILING - STATE
Williams-Thomas Funeral Home		Florida
29b. CITY OR TOWN	29c. STREET ADDRESS	29d. ZIP CODE
Gainesville	404 North Main Street	32601

30. CERTIFIER: (Check one) X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier)	31b. DATE SIGNED (mm/dd/yyyy)	32. TIME OF DEATH (24 hr.)	33. MEDICAL EXAMINER'S CASE NUMBER
▶ [illegible] MD	01/05/2007	1440	
34a. LICENSE NUMBER (of Certifier)	34b. CERTIFIER'S NAME	35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
FL ME 0006954	John J. Burton, M.D.		

36a. CERTIFIER'S - STATE	36b. CITY OR TOWN	36c. STREET ADDRESS	36d. ZIP CODE
Florida	Gainesville	1130 N. W. 64th Terrace	32605
37. SUBREGISTRAR - Signature and Date	38a. LOCAL REGISTRAR - Signature		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)
▶	▶ Kelley S Keller, Dep Reg		1/8/2007

State of Florida, Department of Health, Vital Statistics