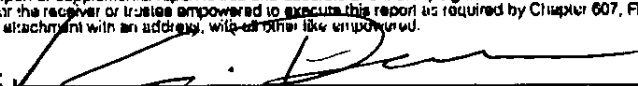


FILED
May 01, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J89552 1. Entity Name NATIVE SOUTHEASTERN TREES, INC.		
Principal Place of Business 213 8TH AVE. OSTEEN, FL 32764 US		Mailing Address P.O. BOX 780 OSTEEN, FL 32764 US
DO NOT WRITE IN THIS SPACE		
		
04282006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-2838690		Applied For Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAVIS, CURTIS 213 8TH AVE OSTEEN, FL 32764		DO NOT WRITE IN THIS SPACE
7. 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 of person or entity authorized to register and effect of certificate. (NOTE: Registered Agent signature required when submitting.)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U000000938165 05/27/08-80079-007 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	D DAVIS, CURTIS 213 8TH AVE. OSTEEN, FL	
TITLE NAME STREET ADDRESS CITY ST ZIP	M WARNER, ROSEMARY 213 8TH AVE OSTEEN, FL	
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
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 or without the employment.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/08 4073225133 Date Duplicate Price \$