

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90003 032 ***150.00

DOCUMENT # K27506

1. Entity Name
A TREEMAN, INC.



Principal Place of Business
**802 GARNET CIRCLE
FORT LAUDERDALE, FL 33326 US**

Mailing Address
**802 GARNET CIRCLE
FORT LAUDERDALE, FL 33326 US**

54015919



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0066331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KASKON, MARLENE
~~3624 SANSIMEON CIRCLE~~ **802 Garnet Circle**
WESTON, FL 33331 33326

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KASKON, MARLENE**
STREET ADDRESS ~~3624 SANSIMEON CIRCLE~~ **802 Garnet Circle**
CITY-ST-ZIP **WESTON, FL 33331 33326**

TITLE **D**
NAME **KASKON, LAWRENCE J., JR.**
STREET ADDRESS ~~3624 SANSIMEON CIRCLE~~ **802 Garnet Circle**
CITY-ST-ZIP **WESTON, FL 33331 33326**

TITLE
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IN THIS SPACE**

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

Date

Daytime Phone #