

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97288

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: WEST VOLUSIA TREE FARM, INC.

**Current Principal Place of Business:**

1475 WEST PLYMOUTH AVENUE  
DELAND, FL 32720

**New Principal Place of Business:**

1475 W. PLYMOUTH AVENUE  
DELAND, FL 32720

**Current Mailing Address:**

2804 CONCORD ROAD  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 59-3025554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWERS, JOHN A PRES  
2804 CONCORD RD  
DELAND, FL 32720      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: D      ( ) Delete  
Name: POWERS, MATTHEW L  
Address: 4251 SMITH RYALS ROAD  
City-St-Zip: PLANT CITY, FL 33567 US

Title: PD      ( ) Delete  
Name: POWERS, JOHN A  
Address: 2804 CONCORD RD  
City-St-Zip: DELAND, FL 32720 US

Title: VD      ( ) Delete  
Name: POWERS, LEE M  
Address: 1475 W PLYMOUTH AVE  
City-St-Zip: DELAND, FL 32720 US

**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:

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: JOHN A. POWERS

PD

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date