## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P00000063878 Jan 26, 2007 08:00 A 1. Entity Name **Secretary of State** D & G TREE FARM, INC. Mailing Address Principal Place of Business 10355 100TH STREET, SOUTH BOYNTON BEACH FL 33437 10355 100TH STREET, SOUTH BOYNTON BEACH FL 33437 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1033136 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIORE, DANA 10355 100TH STREET, SOUTH Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** City Zio Code 3. The above named entity submits this statement for the purpose of chariging 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 September typed or present name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstaling) DATÉ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HH ☐ Delele **11111** f ☐ Addition Change U00000604553 FIORE, DANA NAME NAMI 01/29/07-80058-020 150.00 10355 100TH STREET SOUTH SHEET ADDRESS SIREFLACORESS **BOYNTON BEACH FL 33437** CITY SI-78P CHY ST 7(P IIII TITLE ☐ Delete Addition ☐ Change MALI NAME STREET ADDRESS SIRFET ADDRESS CITY ST ZIP CITY ST ZIP THIS Defcie TELL ☐ Change Addition NAME MASA STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP TELE Delete IIII Change □ Addition MALE SIDELL VODDOESS STREET ADDRESS CITY-ST ZIP CITY SI 7P Delete Change TITLE HILE 🔲 Addition NAME NAM STREET ADDRESS SHALL LADORESS CITY SI 7IP CITY ST-7P mu Delete ШП ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE: Janu From DAUL From 1-83-07 54-441-2126
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAINT OF SIGNING OFFICER OR DIRECTOR

Date

Description Phone II

if changed, or on an attachment with an address, with all other like empowered

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