

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000071148

1. Entity Name

HONEYTREE NATURAL FOODS INC.



FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business

1415 TIMBERLANE ROAD
#403
TALLAHASSEE, FL 32312

Mailing Address

1415 TIMBERLANE ROAD
#403
TALLAHASSEE, FL 32312



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LICKSON, WILLIAM H
2337 BRAEBURN CIR
TALLAHASSEE, FL 32309

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

U00000953778
07/09/08-80005-015 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **President**
NAME LICKSON, WILLIAM H
STREET ADDRESS 2337 BRAEBURN CIR
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #