



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90012 046 ***150.00

DOCUMENT # P00000107865 1. Entity Name PINE MEADOW TREE FARM, INC.					
Principal Place of Business 11124 POINT NELLIE DR CLERMONT, FL 34711				Mailing Address 11124 POINT NELLIE DR CLERMONT, FL 34711	
2. Principal Place of Business 11926 Dwights Road Suite, Apt. #, etc Clermont		3. Mailing Address 11926 Dwights Road Suite, Apt. #, etc Clermont			
City & State Clermont FL		City & State Clermont FL		4. FEI Number 59-3683155	
Zip 34711		Country Lake		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEINRICH, JETTA D 11124 POINT NELLIE DR CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Heinrich, Jetta D Street Address (P.O. Box Number is Not Acceptable) 11926 Dwights Road City Clermont FL 34711	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEINRICH, ALAN W 11124 POINT NELLIE DR CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEINRICH, JETTA D 11124 POINT NELLIE DR CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Jetta D. Heinrich</u> <u>Jetta D. Heinrich</u> <u>4-19-04</u> <u>352-394-7885</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					