

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90025 024 ***150.00

DOCUMENT # P00000116865

1. Entity Name
BIG TREES PLANTATION, INC.



Principal Place of Business
1401 SW 143RD STREET
NEWBERRY, FL 32669

Mailing Address
PO BOX 13461
GAINESVILLE, FL 32604

60023277



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3695680

Applied For-

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, MIGUEL J
1401 SW 143RD STREET
NEWBERRY, FL 32669

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DIAZ, MIGUEL J
STREET ADDRESS 1401 SW 143RD STREET
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE V ☐ Delete
NAME BRAVO, EDUARDO
STREET ADDRESS 1401 SW 143RD STREET
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE V ☐ Delete
NAME DIAZ, LUIS A
STREET ADDRESS 1401 SW 143RD STREET
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE TS ☐ Delete
NAME DIAZ, ANNELESE
STREET ADDRESS 1401 SW 143RD STREET
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE S ☐ Delete
NAME DIAZ, MARIA T
STREET ADDRESS 1401 S.W. 143RD STREET
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

3-14-08

352 331 6220