2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000056402

PETERS, GREG

1375 APPALOOSA ST.

PORT CHARLOTTE, FL 33980

Name:

Address:

City-St-Zip:

Entity Name: OUTBACK TREE FARM AND NURSERY CORPORATION

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5235 GLOVEWOOD CIRC. PUNTA GORDA, FL 33982				5235 GROVEWOOD CIRC. PUNTA GORDA, FL 33982	
Current Mai	ling Addres	s:	New Mailing Addres	New Mailing Address:	
5235 GLOVEWOOD CIRC. PUNTA GORDA, FL 33982				30154 CEDAR ROAD PUNTA GORDA, FL 33982	
FEI Number: 6	5-1119510	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LANGDON, A 125 FIRST A NOKOMIS, F	VENUE	D US	NEWBERRY, CHRIS 30154 CEDAR ROAE PUNTA GORDA, FL)	
The above no in the State o		ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: CHRIS NEWBERRY Electronic Signature of Registered Agent				01/10/2006	
			jent	Date	
Election Camp	aign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: F Address: 7	DP () PETERS, MARK 7900 CLEVELAI PUNTA GORDA	ND DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Name: Address: 3	DVP () NEWBERRY, C 30154 CEDAR F PUNTA GORDA	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Name: Address: 3	DS () NEWBERRY, D 30154 CEDAR F PUNTA GORDA	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: [DT ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRIS NEWBERRY DS 01/10/2006