

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/10/07
FILED
SEP 07, 2007 08:00 A
Secretary of State

DOCUMENT # P01000056402

1. Entity Name
OUTBACK TREE FARM AND NURSERY CORPORATION



Principal Place of Business
5235 GROVEWOOD CIRC.
PUNTA GORDA, FL 33982

Mailing Address
30154 CEDAR ROAD
PUNTA GORDA, FL 33982



02172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1119510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWBERRY, CHRIS E
30154 CEDAR ROAD
PUNTA GORDA, FL 33982

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

(NOTE: Registered Agent signature required when reinstating)

4/1/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PETERS, MARK
STREET ADDRESS	7900 CLEVELAND DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	DVP
NAME	NEWBERRY, CHRIS
STREET ADDRESS	30154 CEDAR RD.
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	DS
NAME	NEWBERRY, DONALD
STREET ADDRESS	30154 CEDAR RD.
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	DT
NAME	PETERS, GREG
STREET ADDRESS	1375 APPALOOSA ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Chris Newberry
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #