


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000056402</b>	
1. Entity Name <b>OUTBACK TREE FARM AND NURSERY CORPORATION</b>	

Principal Place of Business <b>5235 GROVEWOOD CIRC. PUNTA GORDA, FL 33982</b>	Mailing Address <b>30154 CEDAR ROAD PUNTA GORDA, FL 33982</b>
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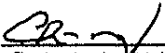
01042008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent	
<b>NEWBERRY, CHRIS E 30154 CEDAR ROAD PUNTA GORDA, FL 33982</b>	

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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 VP 1/4/08  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000847838 03/19/08-80035-015 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PETERS, MARK 7900 CLEVELAND DR. PUNTA GORDA, FL 33982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP NEWBERRY, CHRIS 30154 CEDAR RD. PUNTA GORDA, FL 33982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS NEWBERRY, DONALD 30154 CEDAR RD. PUNTA GORDA, FL 33982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT PETERS, GREG 1375 APPALOOSA ST. PORT CHARLOTTE, FL 33980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  2-6-09 (941) 628-0359  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #