2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P01000056402

Entity Name: OUTBACK TREE FARM AND NURSERY CORPORATION

Current Principal Place of Business:

5235 GROVEWOOD CIRC.
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

30154 CEDAR ROAD
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: 65-1119510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PETERS, MARK
Address: 7900 CLEVELAND DR.
City-St-Zip: PUNTA GORDA, FL 33982

Title: DVP ( ) Delete
Name: NEWBERRY, CHRIS
Address: 30154 CEDAR RD.
City-St-Zip: PUNTA GORDA, FL 33982

Title: DS ( ) Delete
Name: NEWBERRY, DONALD
Address: 30154 CEDAR RD.
City-St-Zip: PUNTA GORDA, FL 33982

Title: DT ( ) Delete
Name: PETERS, GREG
Address: 1375 APPALOOSA ST.
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CHRIS NEWBERRY DVP 04/02/2009

Electronic Signature of Signing Officer or Director — Date