

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90001 049 ***150.00

DOCUMENT # P01000089672

1. Entity Name

THE ONE TREE, INC.



Principal Place of Business

1639 BROOME STREET
FERNANDINA BEACH FL 32304

Mailing Address

1639 BROOME STREET
FERNANDINA BEACH FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3746393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLDS, RICHARD E
1639 BROOME STREET
FERNANDINA BEACH FL 32304

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OLDS, RICHARD E
STREET ADDRESS 1639 BROOME STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32304

TITLE VP ☐ Delete
NAME COLEMAN, EUGENE JR
STREET ADDRESS 1006 SOUTH 10 STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE TD ☐ Delete
NAME OLDS, AARON JR.
STREET ADDRESS P.O. BOX 964
CITY-ST-ZIP FERNANDINA BEACH FL 32035

TITLE SD ☐ Delete
NAME OLDS, DARLENE L
STREET ADDRESS P.O. BOX 16374
CITY-ST-ZIP FERNANDINA BEACH FL 32035

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Treasurer ☒ Change ☐ Addition
NAME Olds, Aaron Jr.
STREET ADDRESS 1639 Broome Street
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE Secretary ☒ Change ☐ Addition
NAME Olds, Darlene L.
STREET ADDRESS P.O. BOX 28083
CITY-ST-ZIP JACKSONVILLE, FL 32226

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 exemption stated in Section 119.07(3)(i), 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

3/27/2004

Date

Daytime Phone #