

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90311 011 \*\*\*150.00

<b>DOCUMENT # P01000089672</b> 1. Entity Name <b>THE ONE TREE, INC.</b>			
Principal Place of Business <b>1639 BROOME STREET FERNANDINA BEACH, FL 32304</b>		Mailing Address <b>1639 BROOME STREET FERNANDINA BEACH, FL 32304</b>	
2. Principal Place of Business <b>1639 Broome Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>1639 Broome Street</b> Suite, Apt. #, etc.	
City & State <b>Fernandina Beach, FL</b> Zip <b>32034</b> Country <b>USA</b>		City & State <b>Fernandina Beach, FL</b> Zip <b>32034</b> Country <b>USA</b>	
4. FEI Number <b>59-3746393</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>OLDS, RICHARD E 1639 BROOME STREET FERNANDINA BEACH, FL 32304</b>		7. Name and Address of New Registered Agent  <div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; right: 0; font-weight: bold; font-size: 2em;">N/A</div> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLDS, RICHARD E 1639 BROOME STREET FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, EUGENE JR 1006 SOUTH 10 STREET FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Coleman, Eugene Sr. 1006 South 10 Street Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLDS, AARON JR 1639 BROOME STREET FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Olds, Aaron Jr 1639 Broome Street Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLDS, DARLENE L PO BOX 28083 JACKSONVILLE, FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Richard Olds Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/23/2005</u> (904) 206-4051 Daytime Phone #	