

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P01000099222 1. Entity Name FERGUSON'S TREE FARM, INC.						FILED 07 SEP 18 AM 8:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 722 HASS ROAD APOPKA, FL 32703				Mailing Address 722 HASS ROAD APOPKA, FL 32703			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3753371				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 FERGUSON, PATRICIA A 722 HASS ROAD APOPKA, FL 32703				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, PATRICIA A <input type="checkbox"/> Delete 25848 PINEHURST SORRENTO, FL 32776			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ferguson, Patricia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 708 HAAS Rd APOPKA FL 32712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, WALTER L. <input type="checkbox"/> Delete 25848 PINEHURST ST SORRENTO, FL 32776			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ferguson, Walter L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 708 HAAS Rd APOPKA FL 32712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERGUSON, AMY <input type="checkbox"/> Delete 25848 PINEHURST ST SORRENTO, FL 32776			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ferguson Amy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1228 N. Fairway Ave APOPKA FL 32712		
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		
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 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: Patricia A. Ferguson 9-11-07 352-267 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9400							

4-14-07

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Did not Recieve this Report
So I am sending this in
Now Your Info on phone Stated
to write this letter & that you
do so by mailed DATE

Thank You

Patti Ferguson