

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000104838

1. Entity Name
TREES OF DIXIE, INC.



Principal Place of Business
707 N FRANKLIN STREET 8TH FLOOR
TAMPA, FL 33602

Mailing Address
707 N FRANKLIN STREET 8TH FLOOR
TAMPA, FL 33602



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3756449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUND, JOHN E
707 N FRANKLIN STREET 8TH FLOOR
TAMPA, FL 33602

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U600000824293
02/20/08-80073-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LUND, JOHN E 707 N FRANKLIN STREET 8TH FLOOR TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:

John E. Lund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08

Date

813-224-9988

Daytime Phone #