

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90043 031 ***150.00

DOCUMENT # P01000119804 1. Entity Name HUNTSMAN TREE SUPPLIER, INC.			
Principal Place of Business 15205 PEACH ORCHARD RD BROOKSVILLE, FL 34614		Mailing Address 15205 PEACH ORCHARD RD BROOKSVILLE, FL 34614	
2. Principal Place of Business - No P.O. Box # 13823 29th Road		3. Mailing Address 13823 29th Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake City Florida		City & State Lake City Florida	
Zip 32024		Zip 32024	
Country Swanee		Country Swanee	
4. FEI Number 22-3850301		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 HUNTSMAN, JAMES A 15205 PEACH ORCHARD RD BROOKSVILLE, FL 34614		7. Name and Address of New Registered Agent Name Huntsman, James H Street Address (P.O. Box Number is Not Acceptable) 13823 29th Road City Lake City FL Zip Code 32024	
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 <i>James H. Huntsman</i>		James H. Huntsman - President	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUNTSMAN, JAMES A 15205 PEACH ORCHARD RD BROOKSVILLE, FL 34614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Huntsman, James H. 13823 29th Road Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUNTSMAN, MICHELLE L 15205 PEACH ORCHARD RD BROOKSVILLE, FL 34614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Huntsman, Michelle L 13823 29th Road Lake City, FL 32024 <input checked="" 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
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: <i>James H. Huntsman</i>		James H Huntsman	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President	
Date 1/8/07		Daytime Phone # 352-279-4411	