

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011621

Entity Name: THE TREE PLACE INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

15314 SW WILLISTON ROAD
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

15314 SW WILLISTON ROAD
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 55-0804435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, MICHAEL H
15314 SW WILLISTON ROAD
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONRAD, STEPHEN R
Address: 63 CRAYCROFT AVENUE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: CONRAD, KELLY L
Address: 63 CRAYCROFT AVENUE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: MCKINNEY, CAMILLA G
Address: 15314 SW WILLISTON ROAD
City-St-Zip: MCANOPY, FL 32667

Title: D () Delete
Name: MCKINNEY, MICHAEL H
Address: 15314 SW WILLISTON ROAD
City-St-Zip: MCANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONRAD, STEPHEN R
Address: PO BOX 470424
City-St-Zip: LAKE MONROE, FL 32747

Title: D (X) Change () Addition
Name: CONRAD, KELLY L
Address: 232 GRANDE VISTA
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. MCKINNEY

D

02/21/2005

Electronic Signature of Signing Officer or Director

Date