

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000029217

1. Entity Name
CENTRAL FLORIDA TREE FARM, INC.



Principal Place of Business
3011 ENDSLEY RD.
BROOKSVILLE, FL 34604

Mailing Address
3011 ENDSLEY RD.
BROOKSVILLE, FL 34604

FILED
Aug 06, 2008 08:00 AM
Secretary of State



07282008 No Chg-P CR2E034 (11/06)

4. FEI Number 16-1636020	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

FOE, CHARLOTTE
3011 ENDSLEY RD
SPRING HILL, FL 34609

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

TITLE	D
NAME	FOE, CHARLOTTE M
STREET ADDRESS	3011 ENDSLEY RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	D
NAME	FOE, STEPHEN O
STREET ADDRESS	3011 ENDSLEY RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957178
08/06/08-80002-011 150.00

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: Charlotte M. Foe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/08

Date

Daytime Phone #