

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000039242

1. Entity Name
LONG'S TREE FARM, INC.



Principal Place of Business
217 SCENIC HWY N,
FROSTPROOF, FL 33843

Mailing Address
PO BOX 838
FROSTPROOF, FL 33843



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0575409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, RANDY L
15 FORT CLINCH HEIGHTS
FROSTPROOF, FL 33843

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LONG, RICHARD A
STREET ADDRESS 108 HARBOR WAY
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE VD
NAME NORKA, DAVID A
STREET ADDRESS 148 N. LAKE READY BLVD.
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE STD
NAME SCOTT, RANDY L
STREET ADDRESS 15 FORT CLINCH HEIGHTS
CITY-ST-ZIP FROSTPROOF, FL 33843

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U00000479647
04/10/06-80012-012 150.00

**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 507, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 868-528-2802
Date Daytime Phone #