2004 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

I hereby certify that the information supplied with indicated on this report or supplements report is of the corporation or the receiver or trustee emptor

Jun 09, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P02000087334 1. Entity Name MR. GOODTREE OF FLORIDA INC. Principal Place of Business Mailing Address PO BOX 12801 PO BOX 12801 GIANESVILLE, FL 32604 GIANESVILLE, FL 32604 No Chg-P CR2E034 (10/03) 06072004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3058217 Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent BURGESS, CHARLES F DO NOT WRITE 2222 NW 8TH AVE GIANESVILLE, FL 32603 -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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. SOWN TETLE BURGESS, CHARLES F NAME STREET ADDRESS 2222 N.W. 8 AVE. 1000000162326 CITY-ST-ZIP GAINESVILLE, FL 32603 .06/09/04-80002-004 150.00 BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$7-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

ith this-filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t is wice and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if s, with all other little empoyered.

CHAPLES F. BURGESS

353-373-6078

FILED