


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000089071	
1. Entity Name ARREDONDO TREE FARM, INC.	

Principal Place of Business 411 S WASHINGTON AVE CENTER HILL, FL 33514	Mailing Address P O BOX 401 CENTER HILL, FL 33514
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0794692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARREDONDO, JACINTO 38 STATE ST CENTER HILL, FL 33514
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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 <u>JACINTO ARREDONDO</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>3-3-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ARREDONDO, SYLVIA S P O BOX 401 CENTER HILL, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT ARREDONDO, J.S. P O BOX 401 CENTER HILL, FL 33514
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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 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: <u>Sylvia S Arredondo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-3-08</u> Daytime Phone # <u>(352) 303-2778</u>