

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90046 003 ***150.00

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1. Entity Name

T & L TREES, INC.

Principal Place of Business

2747 CR 722
WEBSTER FL 33597

Mailing Address

P.O. BOX 148
WEBSTER FL 33597



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 81-0578206

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENABLE, TIMOTHY
7609 CR 702
CENTER HILL FL 33514

Name

Street Address (P.O. Box Number is Not Acceptable)

2747 CR 722

City

WEBSTER

FL

Zip Code

33597

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 state, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVP	☐ Delete
NAME	VENABLE, TIMOTHY	
STREET ADDRESS	7609 CR 702	
CITY-STATE-ZIP	CENTER HILL FL 33514	
TITLE	ST	☐ Delete
NAME	VENABLE, LINDA	
STREET ADDRESS	7609 CR 702	
CITY-STATE-ZIP	CENTER HILL FL 33514	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	2747 CR 722
CITY-STATE-ZIP	WEBSTER, FL 33597
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	2747 CR 722
CITY-STATE-ZIP	WEBSTER, FL 33597
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda Venable LINDA VENABLE 1/22/08 352-568-1208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number