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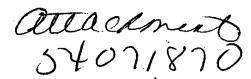
NTED NAME OF SIGNING OFFICER OF DIRECTOR

Sep 08, 2004 8:00 am 2004 FOR PROFIT CORPORATION **Secretary of State** ANNUAL REPORT DOCUMENT # P03000014176 09-08-2004 90116 002 ***150.00 COLLEGE AVE. TREE FARM, INC. Principal Place of Business Mailing Address 8512 RIVERVIEW DRIVE 8512 RIVERVIEW DRIVE 54071870 RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08282004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 06-1676345 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22 NO ST. Street Address (P.O. Bottumber is Not Acceptable) 4TH FLOOR/ MIAMI, FL 33145 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, BETTY L MAME NAME 8512 RIVERVIEW DRIVE STREET ADDRESS STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST-- ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZiP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

813-677-7105

Daytime Phone #



JOHN T. WEAVER, CPA, P.A.

Certified Public Accountant 3601 SWANN AVE, STE 207 TAMPA, FLORIDA 33609

Telephone: 813-870-0084 *** Cell Phone 813-486-2565 *** Fax 813-350-0288

September 1, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32314

RE: 2004 For Profit Corporation Annual Report

College Ave. Tree Farm, Inc.

Document Number: P030000141763

Dear Sir or Madam:

Please accept my client's check # 4004 for \$ 150.00 to pay the 2004 Uniform Business Report. The client states that she never received the annual report forms or any notifications from the Secretary of State.

The reason this corporation did not file their annual report timely was that they did not receive the UBR. I went on line for them and printed it out for them. Please restore the corporation to active status.

Thank you for your assistance in this matter. I appreciate the good job you do. If you need additional information or I can answer any questions for you, please call me at 813-870-0084.

Sincerely,

John T. Weaver

Certified Public Accountant