

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046195

FILED
Apr 08, 2006
Secretary of State

Entity Name: TREE FARM APARTMENTS, INC.

Current Principal Place of Business:

5602 PEACOCK STREET
FORT PIERCE, FL 34982 US

New Principal Place of Business:

10751 LEISURE LANE E
LAKE WALES, FL 33898 US

Current Mailing Address:

8869 NW 26TH CT.
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 56-2363026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSINA, FRANK M PD
601 S. OCEAN DR.
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MESSINA, FRANK
Address: 601 SOUTH OCEAN DRIVE (MAIN HOUSE)
City-St-Zip: FORT PIERCE, FL 34949 US

Title: VPD () Delete
Name: ZIEGLER, MICHAEL A VPD
Address: 8869 NW 26TH CT.
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK MESSINA

PRES

04/08/2006

Electronic Signature of Signing Officer or Director

Date