

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000049656					
1. Entity Name TREELAND SOLUTIONS, INC.					
Principal Place of Business 14320 STRINGFELLOW RD BOKEELIA FL 33922 US			Mailing Address P.O. BOX 340 PINELAND FL 33945 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0567580	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAER, THEODOR L 14320 STRINGFELLOW RD BOKEELIA FL 33922				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	BAER, THEODOR L		NAME		
STREET ADDRESS	14320 STRINGFELLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL 33922		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Add
NAME	PERREAULT, ROBIN		NAME		
STREET ADDRESS	14320 STRINGFELLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL 33922		CITY-ST-ZIP		
TITLE	SECY	☐ Delete	TITLE	☐ Change	☐ Add
NAME	PERRAULT, KENNETH		NAME		
STREET ADDRESS	14320 STRINGFELLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL 33922		CITY-ST-ZIP		
TITLE	TREA	☐ Delete	TITLE	☐ Change	☐ Add
NAME	BAER, CANDACE J		NAME		
STREET ADDRESS	14320 STRINGFELLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL 33922		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **05-0567580**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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**

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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: Theodor L. Baer 2/14/06 (259) 293-7052