2008 FOR PROFIT GORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

ANNUAL KEPUKI				Secretary of St			
DOCUMENT # P03000089598						ecreta	ary of St
1. Entity Nan WARRE!	ne N TREE SALES, INC.						
Principal Dia	co of Rusinose	Mailing Address	The state of the s				
1204 N. FRONTAGE RD. 3804		3804 GALLAGHER ROAD					
PLANT CITY,		DOVER, FL 33527		,			
7	4,,,						
				03312008	No Chg-P	CR2E034 (
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For
	71	,		01-079			Not Applicable
	A CANADA	e i de Que est i.		5. Certificate	e of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent		ingen i de la companya di serie di ser Serie di serie di se		3 (s	, asie
3804 GAL	, ELIZABETH L V.PRES. LAGHER RD			DO	NOT:W	RITE	State of the state
DOVER, F	FL 33527		,	IN:	THIS SP	ACE	
		•	159				The state of the s
8. The above the obliga	named entity submits this statement for the properties of the prop	e purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am famil	ar with, and accept
SIGNATURE.	Spaneture, typed or printed name of registered agent and	izaboth L. W	200 J	1. Pres	04-	-OL -	08
	Operation of project matter of registered agent and	<u> </u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees	0000008 -04/17/08	884922 80062-02:	1 150.00
TITLE	OFFICERS AND DIF	RECTORS	·			•	
NAME STREET ADDRESS	WARREN, MICHAEL W 3804 GALLAGHER ROAD				And the second		
CITY-ST-ZIP	DOVER, FL 33527		, ·	•	And the second s	****	
TITLE NAME	DVST WARREN, ELIZABETH L					ا المنافق المنافق المناف	
STREET ADDRESS CITY-ST-ZIP	3804 GALLAGHER ROAD DOVER, FL 33527				R Marie House I Survey To Second	" "BR " Fr	Barren Carlo
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CITY-ST-ZIP		=			NOT W		1 4 1 2 2
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CITY-ST-2IP				• , ,			
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TITLE						32 PM	
NAME STREET ADDRESS			***	Hay per somble lample and the man	Same and the state of the state		
CITY-ST-710		•	2.0		المراجعة والمستري	ه " ا`بورو . عدد مو	, , , ,

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04-04-08

<u>813-927-128</u>