

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147726

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: SOUTHERN CLASSIC TREE FARM, INC.

**Current Principal Place of Business:**

7643 MCKEOWN MILL ROAD  
SNEADS, FL 32460

**New Principal Place of Business:**

**Current Mailing Address:**

7643 MCKEOWN MILL ROAD  
SNEADS, FL 32460

**New Mailing Address:**

FEI Number: 20-0602682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TULLO-WILLIAMS, GINA M  
7643 MCKEOWN MILL ROAD  
SNEADS, FL 32460 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: MR ( ) Delete  
Name: MICHAEL, TRAUGOTT SEC  
Address: 7643 MCKEOWN MILL ROAD  
City-St-Zip: SNEADS, FL 32460 US

Title: MRS ( ) Delete  
Name: TULLO-WILLIAMS, GINA M PRES  
Address: 917 BLACKWOOD AVE  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MR ( ) Delete  
Name: WILLIAMS III, MALCOLM D TRES  
Address: 917 BLACKWOOD AVE  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MRS ( ) Delete  
Name: JENNIFER, TRAUGOTT VPRES  
Address: 7643 MCKEOWN MILL ROAD  
City-St-Zip: SNEADS, FL 32460 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: MICHAEL TRAUGOTT

SEC

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date