

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000082840

1. Entity Name
TREE TOWN PROPERTIES, INC.



Principal Place of Business
1809 SW CLAMBAKE AVE
PORT ST LUCIE, FL 34953

Mailing Address
1809 SW CLAMBAKE AVE
PORT ST LUCIE, FL 34953



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1492151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ADAMS, CAROL J
1809 SW CLAMBAKE AVE
PORT ST LUCIE, FL 34953

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees, ..

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, CAROL J
STREET ADDRESS	1809 SW CLAMBAKE AVE
CITY - ST - ZIP	PORT ST LUCIE, FL 34953

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/06-80080-004 150.00^M

**DO NOT WRITE
IN THIS SPACE**

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: Carol J. Adams **CAROL J. ADAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2006 **772-871-2988**

DATE

Daytime Phone #