

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000011119

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: TREE FACTORY LANDSCAPING, INC.

## Current Principal Place of Business:

853 ELLER DR.  
FT. LAUDERDALE, FL 33316

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 22778  
FT LAUDERDALE, FL 333352778 US

## New Mailing Address:

FEI Number: 65-0383464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, WILLIAM H JR.  
1220 N. RIO VISTA BLVD  
FORT LAUDERDALE, FL 33301 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: TD ( ) Delete  
Name: BROWN, WILLIAM H SR  
Address: 165 N.W. 98 TERR  
City-St-Zip: PLANTATION, FL 33324

Title: PD ( ) Delete  
Name: BROWN, WILLIAM H JR  
Address: 1220 N. RIO VISTA BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete  
Name: BROWN, ANNA-LENA S  
Address: 1220 N. RIO VISTA BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33301

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WM BROWN SR

TD

03/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date