

## 2004 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Jan 09, 2004 08:00 AM **DOCUMENT # P94000033437 Secretary of State** 1. Entity Name RAY'S TREE FARM, INC. Principal Place of Business Mailing Address 8600 W JOSEPHINE ROAD 8600 W JOSEPHINE ROAD SEBRING, FL 33875 SEBRING, FL 33875 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0492116 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWINDLE, JAMES R DO NOT WRITE 271 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, lypod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPV TITLE SWINDLE, JAMES R 271 E. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33334 U00000001438 TITLE 01/12/04-80009-005 150.00 SWINDLE, DEBRA NAME STREET ADDRESS 271 E OAKLAND PARK BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

CICNIATURE.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP