


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90666 018 ***150.00

DOCUMENT # P94000034581	
1. Entity Name TREESMITH, INC.	

Principal Place of Business 41020 CLAY GULLY RD MYAKKA CITY FL 34251 US	Mailing Address 41020 CLAY GULLY RD MYAKKA CITY FL 34250 US
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2. Principal Place of Business 14826 Sugar Bowl Rd Suite, Apt. #, etc.	3. Mailing Address 14826 Sugar Bowl Rd Suite, Apt. #, etc.
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City & State Myakka City, FL 34251	City & State Myakka City, FL
Zip 34251	Zip 34251
Country MANATEE	Country MANATEE

4. FEI Number 65-0499713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, WILLIAM J 41020 CLAY GULLY RD MYAKKA CITY FL 34251	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE SMITH, WILLIAM J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, WILLIAM J		NAME SMITH, WILLIAM J	
STREET ADDRESS 41020 CLAY GULLY RD		STREET ADDRESS 14826 SUGAR BOWL RD.	
CITY-ST-ZIP MYAKKA CITY FL 34251		CITY-ST-ZIP 14826 SUGAR BOWL RD.	
TITLE S	<input type="checkbox"/> Delete	TITLE SMITH, JUDITH L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JUDITH L		NAME SMITH, JUDITH L	
STREET ADDRESS 41020 CLAY GULLY RD		STREET ADDRESS 14826 SUGAR BOWL RD.	
CITY-ST-ZIP MYAKKA CITY FL 34251		CITY-ST-ZIP 14826 SUGAR BOWL RD.	
TITLE 2VP	<input type="checkbox"/> Delete	TITLE SMITH, MICHAEL D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, MICHAEL D		NAME SMITH, MICHAEL D	
STREET ADDRESS 3940 EAST AVE. SOUTH		STREET ADDRESS 2135 CORDES WAY	
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP OSPREY, FL 34221	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: Judith L. Smith Judith L. Smith 4/7/04 941-322-0897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #