

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059101

Entity Name: SHADE TREE FARMS, INC.

FILED  
Jul 18, 2008  
Secretary of State

## Current Principal Place of Business:

6650 SE 165TH AVE  
MORRISTON, FL 32668 US

## New Principal Place of Business:

## Current Mailing Address:

6650 SE 165TH AVE  
MORRISTON, FL 32668 US

## New Mailing Address:

FEI Number: 59-3329429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKLAND, MARK S  
21055 NORTHWEST 20TH STREET  
DUNNELLON, FL 34431 US

## Name and Address of New Registered Agent:

STRICKLAND, MARK S  
21015 NORTHWEST 20TH STREET  
DUNNELLON, FL 34431 US

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:

07/18/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STRICKLAND, MARK S  
Address: 21055 NORTHWEST 20TH STREET  
City-St-Zip: DUNNELLON, FL 34431 US

Title: DST ( ) Delete  
Name: STRICKLAND, RHONDA  
Address: 21055 NORTHWEST 20TH STREET  
City-St-Zip: DUNNELLON, FL 34431 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STRICKLAND, MARK S  
Address: 21015 NORTHWEST 20TH STREET  
City-St-Zip: DUNNELLON, FL 34431 US

Title: DST (X) Change ( ) Addition  
Name: STRICKLAND, RHONDA  
Address: 21015 NORTHWEST 20TH STREET  
City-St-Zip: DUNNELLON, FL 34431 US

I hereby certify that the information supplied with this filing does not qualify 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: RHONDA STRICKLAND

DST

07/18/2008

Electronic Signature of Signing Officer or Director

Date