FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **P96000025458**1. Corporation Name

CALM LAKE TREES, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90019 010 ***150.00



	of Business	Mailing Address					•		
8620 TARPON SPRINGS ROAD P.O. BOX 727									
ODESSA FL 33556 ODESSA FL 33556						DO NOT WRITE IN THIS SPACE			
					-			SPACE	
						3. Date Incorporated or Qualifer	u		
						03/18/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		1	oplied For
21	<u></u>	26				65-0657539			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22		27							<u>'</u>
City & State	9	City & State			1	6. Election Campaign Financing	7 🗖	·	May Be
23	The second secon	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cu	ırrent year Inta		
24	25	29	30			Personal Property Tax.	5. 1.4	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered /	Agent	
DOC	MATERIAL CONTRACTOR OF THE STATE OF THE STAT	was to		81 Nam	ne				
	VATT, KAREN J			82 Stre	et Address	s (P.O. Box Number is Not Accep	otable)		
•	NO FRANKLIN STREET, STE 2505			<u> </u>			يوروغ يعوانيون	ms. Pr. 12	2.2.2.2.2.2
TAM	PA FL 33602			83					
				84 City	·	No. of the second of the secon	444 25 (340)	85 Zip	Code
	•	•		'			FL	. ` `	
44 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove-nam	ed corpora	ation submits this statement for th	ne purpose of	changing its	s registered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation				erporation's	s board of directors. I hereby acc	ept the appoi	nimeni as ii	egistered
agent. i a	m familiar with, and accept the obligation	ins of, decilor dov.obob, inc	nda oto.	0100.		•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Registered	Agent signatu	ire required wi	hen reinstating)*// /	DATE		
							SEELOEDE AN	D DIDECT	000 1140
12	OFFICERS AND	DIRECTORS	13.		_	ADDITIONS/CHANGES TO C	JEFICERS AN		
12.	PD OFFICERS AND	DELETE	13.	TLE		ADDITIONS/CHANGES TO C	JFFICERS AN	☐ Change	
TITLE	PD		_			ADDITIONS/CHANGES TO C	JFFICERS AN		
TITLE NAME	PD Maghan, Nona		1.1 TI 1.2 N		ess	ADDITIONS/CHANGES TO C	JFFICERS AN		
TITLE NAME STREET ADDRESS	PD Maghan, Nona P.O. Box 727 N/A		1.1 TI 1.2 N 1.3 S	AME TREET ADDRE	SS	ADDITIONS/CHANGES TO C	JFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maghan, Nona		1.1 TI 1.2 N 1.3 S	AME TREET ADORE	ess	ADDITIONS/CHANGES TO C	JFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD Maghan, Nona P.O. Box 727 N/A	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T	AME TREET ADORE ITY-ST-ZIP ITLE	ess	ADDITIONS/CHANGES TO C	JEFICERS AN	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD Maghan, Nona P.O. Box 727 N/A	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	AME TREET ADDRE ITY-ST-ZIP ITLE AME		ADDITIONS/CHANGES TO C	JEFICERS AN	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Maghan, Nona P.O. Box 727 N/A	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	AME TREET ADORE ITY-ST-ZIP ITLE AME TREET ADORE		ADDITIONS/CHANGES TO C	JEFICERS AN	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maghan, Nona P.O. Box 727 N/A	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	AME TREET ADDRE TTY-ST-ZIP TTLE AME TREET ADORE CITY-ST-ZIP		ADDITIONS/CHANGES TO C	PFILERS AN	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD Maghan, Nona P.O. Box 727 N/A	☐ DELETE	1.1 TO 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	AME TREET ADORE ITY-ST-ZIP ITLE AME TREET ADORE CITY-ST-ZIP ITLE		ADDITIONS/CHANGES TO C	PFILERS AN	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE	1.1 TO 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	AME TREET ADORE ITY-ST-ZIP TILE AME TREET ADORE CITY-ST-ZIP TILE AME	ess			☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE	1.1 TO 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	AME TREET ADDRE ITY-ST-ZIP ITLE AME TREET ADORE CITY-ST-ZIP ITLE AME TREET ADDRE	ess		Segre the Gre	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE	1.1 TI 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 S	AME TREET ADORE TITY-ST-ZIP TILE AME TREET ADORE TITLE AME TREET ADORE TREET ADORE TREET ADORE TREET ADORE	ess		Segue and the	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE	1.1 TI 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	AME TREET ADDRE ITY-ST-ZIP TILE AME TREET ADDRE ZITY-ST-ZIP TILE AME TREET ADDRE ZITY-ST-ZIP TILE ZITY-ST-ZIP TILE TREET ADDRE	ess		Segue and the	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	AME TREET ADORE TITLE AME TREET ADORE CITY-ST-ZIP TITLE AME TREET ADORE CITY-ST-ZIP TITLE AME TREET ADORE CITY-ST-ZIP TITLE VAME	:55		Segue and the	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 .1 T 4.2 I 4.3 S	AME TREET ADDRE TITLE AME TREET ADORE CITY-ST-ZIP TITLE AME TREET ADDRE CITY-ST-ZIP TITLE AME TREET ADDRE CITY-ST-ZIP TITLE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE	:55		Segue and the	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE ☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 4.1 T 4.2 I 4.3 S 4.4 C	AME TREET ADDRE TITLE AME TREET ADDRE CITY-ST-ZIP TITLE AME TREET ADDRE CITY-ST-ZIP TITLE TREET ADDRE	:55		Segue and the	☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S 4.4 C	AME TREET ADORE ITY-ST-ZIP TILE AME TREET ADORE CITY-ST-ZIP TILE AME TREET ADORE	:55		Segue and the	☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE ☐ DELETE	1.1 TI 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	AME TITEET ADDRE TITY-ST-ZIP TITE AME TITY-ST-ZIP TITE AME TITEET ADDRE CITY-ST-ZIP TITE VAME TITEET ADDRE TITEET ADDRE TITEET ADDRE TITEET ADDRE TITY-ST-ZIP TITE VAME TITY-ST-ZIP TITE TITE TITEET ADDRE TITY-ST-ZIP TITE	255		Segue and the	☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE ☐ DELETE	1.1 TI 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	AME TREET ADDRE TITY-ST-ZIP TITLE AME TREET ADORE CITY-ST-ZIP TITLE AME TREET ADDRE	255		Segue and the	☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	DELETE DELETE DELETE	1.1 TI 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.4 S 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	AME TITEET ADDRE TITLE AME TREET ADORE CITY-ST-ZIP TITLE AME TREET ADDRE CITY-ST-ZIP TITLE VAME TREET ADORE TITLE TREET ADORE TITLE	255		Segue and the	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	☐ DELETE ☐ DELETE	1.1 TI 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	AME TREET ADDRE TITY-ST-ZIP TILE AME TREET ADORE CITY-ST-ZIP TILE AME TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE	255		Segue and the	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	DELETE DELETE DELETE	1.1 TI 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	AME TITEET ADDRE TITLE AME TREET ADORE CITY-ST-ZIP TITLE AME TREET ADDRE CITY-ST-ZIP TITLE VAME TREET ADORE TITLE TREET ADORE TITLE	255		Segue and the	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MAGHAN, NONA P.O. BOX 727 N/A ODESSA FL 33556	DELETE DELETE DELETE	1.1 TI 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 5.1 T 5.2 N 5.3 S 6.1 T 6.2 N	AME TREET ADDRE TITY-ST-ZIP TILE AME TREET ADORE CITY-ST-ZIP TILE AME TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADRE TREET ADDRE TREET ADDRE TREET ADDRE TREET ADRE TREET ADDRE TREET ADDRE			Segue and the	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered. CITY-ST-ZIP