

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90199 001 ***158.75
 09-08-2004 90199 002 ***400.00

DOCUMENT # P97000006778					
1. Entity Name ROBINSON'S TREE FARM, INC.					
Principal Place of Business 1991 INDUSTRIAL DRIVE DELAND, FL 32724			Mailing Address 1991 INDUSTRIAL DRIVE DELAND, FL 32724		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAROLAN, J P III 390 NORTH ORANGE AVENUE SUITE 1490 ORLANDO, FL 32801				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, DAVID R		NAME		
STREET ADDRESS	1991 INDUSTRIAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEMERAND, L. GALE		NAME		
STREET ADDRESS	103 B NORTH LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENFROE, LOWELL E		NAME		
STREET ADDRESS	PO BOX 192		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32721		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCPAHAN, RICHARD		NAME		
STREET ADDRESS	125 E INDIANA AVE STE A2		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGLETON, JACK S		NAME		
STREET ADDRESS	2333 SOUTHERN PINES PL		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		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: <i>David Robinson</i>			8-20-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

66433233



07192004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3435539 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required