2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000026857

1. Entity Name
TREES & TYMBER, INC.

Principal Place of Business	Mailing Address
599 LEEWAY TRAIL ORMOND BEACH, FL 32174	599 LEEWAY TRAIL ORMOND BEACH, FL 32174

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02222006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3440601	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAMBERT, WILLIAM N
433 SILVER BEACH AVE.
SUITE 104
DAYTONA BEACH, FL FL321-18

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000532255
05/08/06-80078-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURNSIDE, LESLIE W
STREET ADDRESS	599 LEEWAY TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
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	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Leslie W. Burnside*   4-22-06   (386)672-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #