2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM Secretary of State

DOCUMENT # P97000063449	
t. Entity Name SOUTHERN ARTIFICIAL TREE SUPPLY INC.	



Principal Place of Business

32827 SR 44 W DELAND, FL 32720 Mailing Address

32827 SR 44 W DELAND, FL 32720



DO NOT WRITE IN THIS SPACE

02032006	No Chg-P	CRZE034 (11/05)		
4. FEI Number 59-3459282			Applied For	
			Not Applicable	
5. Certificate of Status Desired			\$8.75 Additional	

6. Name and Address of Current Registered Agent

PETERSON, RESI 32827 SR 44 W DELAND, FL 32720

SIGNATURE

DO NOT WRITE IN THIS SPACE

 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 lamiliar 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		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZEP	PVST PETERSON, RESI 32827 SR 44 W DELAND, FL 32720						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000487259 84/13/06-80070-005 150.00		
TITLE NAME STREET ADORESS C)5Y-ST-21P				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
Title Name Street address City-St-Zip							
TITLE HAWE STREET ADDRESS CITY-ST-ZIP			·				
12. I hereby of indicated of the corphanged.	certify that the information supplied with this fit on this report or supplemental report is the 2 poration or the receiver or trustee empoweres or on an attachment with an address, with all	ing does not qualify for the exe not accurate and that my signation to execute this report as require other like ampowered.	mplions course shall have by Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	Florida Statutes. I further certify that the information cd as if made under eath; that I am an officer or director each and that my name appears in Block 10 or Block 11 (f		