

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-12-2005 90124 047 ***150.00

DOCUMENT # P97000103134					
1. Entity Name TREEHOUSE ENTERPRISES INC.					
Principal Place of Business 422 MAGNOLIA AVENUE #6 PANAMA CITY FL 32401			Mailing Address 422 MAGNOLIA AVENUE #6 PANAMA CITY FL 32401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3485140	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Tindel BREE, MARTHA G 12601 STEEPLECHASE DRIVE PANAMA CITY FL 32404				7. Name and Address of New Registered Agent	
				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when registering.)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	Delete			
NAME	BREE TINDEL, MARTHA G	1201 E. Park ST			
STREET ADDRESS	12601 STEEPLECHASE DRIVE	P.O. Box 10313			
CITY-ST-ZIP	PANAMA CITY FL 32404				
TITLE	VP	☐ Delete			
NAME	BREAULT, CANDICE B				
STREET ADDRESS	310 WEST 34TH COURT				
CITY-ST-ZIP	PANAMA CITY FL 32405				
TITLE	S	☐ Delete			
NAME	BREAULT, REGINALD R				
STREET ADDRESS	310 WEST 34TH COURT				
CITY-ST-ZIP	PANAMA CITY FL 32405				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
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: <u>Martha Tindel - Martha Tindel</u> 3/21/05 8507633023					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					