

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052704

Entity Name: TREE CAPITAL, INC.

FILED  
Jan 30, 2005  
Secretary of State

## Current Principal Place of Business:

4400 SR 471  
BUSHNELL, FL 33513 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 547065  
ORLANDO, FL 328547065 US

## New Mailing Address:

FEI Number: 59-3515484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TATICH, PHILIP  
341 NORTH MAITLAND AVENUE  
SUITE 340  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STUART, ALLEN  
Address: 105 NW IVANHOE BLVD  
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete  
Name: ZVIDRINA, SANITA  
Address: 105 NW IVANHOE BLVD  
City-St-Zip: ORLANDO, FL 32804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANITA ZVIDRINA

V.P.

01/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date