

DOCUMENT # **P98000054124**

01 JUL 10 PM 2:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Entity Name  
**3 E Tree Farms, Inc.**

Principal Place of Business Mailing Address  
**PO Box 476 Loxahatchee, FL 33470**

2. Principal Place of Business 3. Mailing Address  
 Subs. Apt. #, etc. Subs. Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **105-0852588** Applied For Not Applicable  
 6. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Gerald Leshar**  
~~44700 Beacon Circle Suite 100~~  
**West Palm Beach, FL 33407**  
**1555 Palm Beach Lakes Blvd Suite 600**  
**West Palm Beach, FL 33401**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Applicable)  
 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.  
 SIGNATURE **Gerald Leshar**

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.   
 10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>Goltzenc, Thomas</b>	<input type="checkbox"/> Delete
NAME	<b>P.O. Box 476</b>	
STREET ADDRESS	<b>Loxahatchee, FL 33470</b>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Christopher Bless</b>	
STREET ADDRESS	<b>P.O. Box 476</b>	
CITY - ST - ZIP	<b>Loxahatchee, FL 33470</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>R. Timothy Kegan</b>	
STREET ADDRESS	<b>P.O. Box 476</b>	
CITY - ST - ZIP	<b>Loxahatchee, FL 33470</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 11 or Block 12 of this report, or on an attachment thereto, and that my name appears in Block 11 or Block 12 of this report.  
 SIGNATURE: **[Signature]**  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

CREATED (11/00)