

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90041 050 \*\*\*550.00

**DOCUMENT # P99000027076**

1. Entity Name

**NATIVE TREES OF PALM CITY, INCORPORATED**



Principal Place of Business

**4436 SW HONEY TERRACE  
PALM CITY FL 34990**

Mailing Address

**4436 SW HONEY TERRACE  
PALM CITY FL 34990**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**603 SE Dolphin Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Stuart, FL 34996**

City & State

City & State

2nd MOORE

CR2E034 (4/07)

Zip

Country

Zip

Country

**34996**

**USA**

4. FEI Number

**65-0919193**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, JOHN L  
4436 SW HONEY TERRACE  
PALM CITY FL 34990**

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 Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **ROSE, VICKI L**  
STREET ADDRESS **4436 SW HONEY TERR**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Vicki L Rose** Vicki L. Rose

Date **7/17/07** 772-349-7620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #