## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Apr 21, 2008 08:00 Al Secretary of State DOCUMENT # P99000030990 1. Entity Name TREEMONT FARMS, INC. Principal Place of Business Mailing Address 7343 JOMEL DR. 7343 JOMEL DR. SPRING HILL, FL 34607 SPRING HILL, FL 34607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-3571245 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EATON, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 7343 JOMEL DRIVE SPRING HILL, FL 34607 City Zip Code FL 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, type-I or printed name of registered agent and title of application DATE (NOTE: Registered Agent eliginature required when re-instating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition Delete TITLE EATON, ROBERT D NAME NAME STREET ADDRESS 7343 JOMEL DR STREET ADURESS SPRING HILL, FL 34607 CITY-ST-ZIP CHY-ST-ZIP FOLCHANCE -----Addition ST Delete ITLE EATON, THERESA A NAME NAME STREET ADDRESS STREET ADDRESS 7343 JOMEL DR SPRING HILL, FL 34607 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAMI, MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$1 - 78P Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY+\$1-20P CITY - ST-ZIP Change Addition TITLE THLE Delete NAME NAME STREET ADDRESS STRUET ADDRESS CHY-\$1-ZIP CHY-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.

OR DIRECTOR

**FILED**