


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S43504</b> 1. Entity Name F H TREE FARM, INC.	
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Principal Place of Business 2206 "E" ROAD LOXAHATCHEE, FL 33470	Mailing Address 2206 "E" ROAD LOXAHATCHEE, FL 33470
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**DO NOT WRITE IN THIS SPACE**

01052005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0258808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

8. Name and Address of Current Registered Agent  FITZGERALD, KEVIN 2206 "E" ROAD LOXAHATCHEE, FL 33470
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAKONSEN, KRISTIAN 2206 "E" ROAD LOXAHATCHEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, KEVIN 2206 "E" ROAD LOXAHATCHEE, FL

U00000298133  
04/11/05-80052-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Kevin Fitzgerald* **KEVIN FITZGERALD** 4/4/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #