

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90397 023 \*\*\*150.00

DOCUMENT # V00608

1. Entity Name

TREE CAPITAL LAND DEVELOPMENT, INC.



Principal Place of Business

2721 HWY 98 WEST  
 PERRY FL 32348

Mailing Address

PO BOX 913  
 PERRY FL 32348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number

59-3101600

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

HUNT, CYNTHIA M  
 10793 JOSH EZELL GRADE  
 PERRY FL 32348

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 Cynthia M Hunt  
Signature, typed or printed name of registered agent and title if applicable.

Cynthia M Hunt  
(NOTE: Registered Agent signature required when reinstating)

4/29/04  
DATE

**FILE NOW!!! FEE IS \$150.00!**

**After May 1, 2004 Fee will be \$550.00**

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

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 PVP  Delete  
 NAME MANGUM, LINDA M.  
 STREET ADDRESS 11188 JOSH EZELL GRADE  
 CITY-ST-ZIP PERRY FL 32348

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST  Delete  
 NAME HUNT, CYNTHIA M.  
 STREET ADDRESS 10793 JOSH EZELL GRADE  
 CITY-ST-ZIP PERRY FL 32348

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cynthia M Hunt Cynthia M Hunt 4/29/04 850-584-2951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #