

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00608

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** TREE CAPITAL LAND DEVELOPMENT, INC.

**Current Principal Place of Business:**

2721 HWY 98 WEST  
PERRY, FL 32348

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 913  
PERRY, FL 32348

**New Mailing Address:**

FEI Number: 59-3101600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUNT, CYNTHIA M  
10793 JOSH EZELL GRADE  
PERRY, FL 32348 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete  
Name: MANGUM, LINDA M.,  
Address: 11188 JOSH EZELL GRADE  
City-St-Zip: PERRY, FL 32348

Title: ST ( ) Delete  
Name: HUNT, CYNTHIA M.,  
Address: 10793 JOSH EZELL GRADE  
City-St-Zip: PERRY, FL 32348

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA M. HUNT

SECT

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date