

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90002 033 ***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

DO NOT WRITE IN THIS SPACE

40115453



07032008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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, Sect/Treas* DATE: *9/1/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	MANGUM, LINDA M.
STREET ADDRESS	11188 JOSH EZELL GRADE
CITY-ST-ZIP	PERRY, FL 32348
TITLE	ST
NAME	HUNT, CYNTHIA M.
STREET ADDRESS	10793 JOSH EZELL GRADE
CITY-ST-ZIP	PERRY, FL 32348
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Cynthia M Hunt, Cynthia M Hunt, Sect/Treas* DATE: *9/1/08* DAYTIME PHONE #: *80584-2951*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #