



Enviro-Pro
The Environmentally Aware Tree Farm of Florida
A Total Quality Company

Remit to:
P.O. Box 120374
Clermont, FL 34712-0374
Street Address:
11801 Monte Vista Road

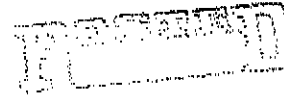
Phone: 1-352-429-1211
Fax: 1-352-429-1199

12-12-08

Invoice

Invoice # 1938
Date: 07-11-08
Customer ID: 48

Amended
Fax # 850-921-8312



Bill To:

Creative Tree Solution, Inc.
P.O. Box 2189
Minneola, FL 34755
352-243-8619

Ship To:

Date	Your Order #	Our Order #	Sales Rep.	FOB	Ship Via	Terms	Tax ID
07-11-08	P.O. # Doug Karen 5176			GROVELAND	TRUCK	30 Days	EXEMPT
Quantity	Item	Units	Description	Discount %	Taxable	Unit Price	Total
31.			Slash Pine 30 Gal.			\$65.00	\$2015.00
38			Slash Pine 30 Gal.			\$65.00	\$2470.00
			PAID \$500.00	10-17-08			
			PAID \$500.00	11-25-08			
			New Balance			\$3485.00	

REMITTANCE
Customer ID: 48
Date: 07-11-08
Amount Due: \$4485.00
Amount Enclosed:

INVOICE TERMS AND CONDITIONS
PRINTED ON BACK OF INVOICE.

State of Florida
Department of Agriculture and Consumer Services
1911 S.W. 34th St./P.O. Box 147100, Gainesville, FL 32614-7100
GENERAL NURSERY STOCK INSPECTION CERTIFICATE
Registration Number: 47233128
Section 581.021 (21), F.S.
ENVIRO-PRO TREE FARM & NURSERY, INC.
11801 MONTE VISTA ROAD
CLERMONT, FL 34712-0374
This is to certify that this nursery stock has been visually inspected for plant pests and meets at least the minimum requirements of Chapter 581, Florida Statutes.
DACS-08011
Revised 09/03

LIVE PLANT - NO DELAY

Subtotal Material	\$4485.00
Tax 7 %	
Shipping	
Miscellaneous	
Total Due	\$4485.00

RECEIVED
DEC 12 2008

NET 30 DAYS
FROM RECEIPT



Florida Department of Agriculture and Consumer Services

AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

CHARLES H. BRONSON COMMISSIONER

Make check payable and submit forms to:

Florida Department of Agriculture and Consumer Services Post Office Box 6700 Tallahassee, Florida 32314-6700

Phone (850) 922-0153 Fax (850) 921-8312

NOTE: Incomplete filings may delay the processing of your claim. Please retain a copy of this form for your files.

Note: All documents and attachments submitted with this claim are subject to public review pursuant to Chapter 119, F.S.

1. Type of Claim:

I am filing this claim as a

Producer [X] Agent [] Licensed Agricultural Products Dealer [] License Number _____

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer):

ENVIRO-PRO TREE Farm + Nursery, Inc. (Individual's name, partners names, corporate name, co-op, etc.)

3. Trade name of Claimant (d/b/a, fictitious name, etc.):

4. Telephone Number of Claimant:

(352) - 429 - 1211 Ext. /

5. Complete mailing address of Claimant:

Street Address or P.O. Box: PD Box 120374 City: CLERMONT State: FL Zip: 34712-0374

6. Legal name of Respondent (Dealer):

Creative Tree Solutions, Inc. (Individual's name, partners names, corporate name, co-op, etc.)

7. Trade name of Respondent (d/b/a, fictitious name, etc.):

DO NOT WRITE IN THIS SPACE Org Code: 4206040000 EO: A2 Object Code: 001134

Received Licenses and Marketing DEC-5 2008

09-02644107-0001 50.00 11/26/2008 Dep#991778

8. Telephone Number of Respondent:
(352) - 243 - 8619 Ext.

9. Complete mailing address of Respondent:
 Street Address or P.O. Box: P.O. Box 2189
 City: Minneola State: FL. Zip: 34755

10. Legal name of Co-Respondent (Surety Company or Financial Institution):
Hartford Fire Insurance Company

11. Complete mailing address of Co-Respondent:
 Street Address or P.O. Box: Hartford Plaza T-4
 City: Hartford State: Ct. Zip: 06115

12. Transaction(s): Claimants filing a claim as a producer's agent must also complete Item 14:
 (Attach additional pages as necessary using same format.)

<u>DATE OF SALE</u>	<u>QUANTITY, PRODUCTS AND PRICE PER UNIT</u>	<u>INVOICE AMOUNT</u>
7-11-08	69. Slash Pine 30gal. \$65.00	\$4485.00
	(10-7-08 PAID \$500.00) Balance	\$3985.00
7-15-08	19. Slash Pine 30gal. \$65.00	\$1235.00
7-29-08	30. Weeping Willow 30gal. \$72.00	\$2160.00
8-18-08	26. Bottlebrush 30gal. \$60.00	\$1560.00
8-29-08	10. Live Oak 45 gal. \$120.00	\$1200.00

13. Claim Total (Minimum Claim must equal \$500): \$ 10,140.00
 Claim Filing Fee \$ 50.00
 Grand Total \$ 10,190.00

Received
 DEC - 5 2008
 Marketing

FOR PRODUCER'S AGENT ONLY (Attach additional pages as necessary using same format.)

14. The producers of agricultural products involved in this claim are as follows:

- 1. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 2. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 3. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 4. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 5. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____

15. The transaction(s) listed in Item 12 were made upon the conditions and manner as follows:

Terms of Sale:

F.O.B. Delivered Other Explain _____

Purchased by Creative Tree Solutions, INC.
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Telegram

Other Explain _____

Purchased from ENVIRO-PRO Tree Farm + Nursery, INC.
(Claimant, Agent or Employee)

16. In support of this claim, attached hereto is the following documentary evidence:

Invoice(s) Receipt(s) Manifest

Inspection Certificate Shipping Order Telegram

Other Explain _____

Received
11/20/08
DEC - 5 2008
District
Marketing

17. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1-16, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

I DECLARE THAT: (Select one)

Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in LAKE County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Claimant, as listed in Item 2, is the agent of the Florida producer(s) listed in Item 14. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Claimant, as listed in Item 2, is a dealer in agricultural products as defined in Section 604.15(1), FS, and was properly licensed by the Department at the time of the transactions described in Item 12. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Sign Here (The individual signing this claim must be an owner, partner, or, in the case of a corporation or cop, an officer of claimant.)

Signature: [Handwritten Signature]
Print Name: Sherry Griffin Hindman

Title: Office Manager
Sherry Griffin Hindman

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Sherry Griffin Hindman, who states that he or she has read and understands the statements in Item 17 of this claim and that all foregoing items are true and correct.

Sworn to and subscribed before me this 17th day of November, 2008.

Nicole Gyimoti (Print, Type or Stamp Commissioned Name & Notary Public)
Nicole Gyimoti (Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced Drivers License
My Commission Expires 6/18/2011 # H535787615560

Claimant must submit the original and two copies of the claim form (each bearing original signatures and notarizations) together with three copies of all evidence documenting the sale(s). Claimant must provide a \$50 filing fee for each claim filed with the Department.

