

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F14570 1. Entity Name GOLDEN LEAF TREE EXPERTS, INC.			
Principal Place of Business 5085 COLBRIGHT ROAD LAKE WORTH FL 33467-5638		Mailing Address 5085 COLBRIGHT ROAD LAKE WORTH FL 33467-5638	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SMITH, RICHARD J. 5085 COLBRIGHT ROAD LAKE WORTH FL 33463		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting)			



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1457338** Applied For
 Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SMITH, RICHARD J.			NAME			
STREET ADDRESS	5085 COLBRIGHT ROAD			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SMITH, PATRICIA HUNT			NAME			
STREET ADDRESS	5085 COLBRIGHT ROAD			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SMITH, CHURCHILL C.			NAME			
STREET ADDRESS	5470 S. 73 RD SOUTH			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000473861
 04/03/06-80001-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **CHURCHILL C. SMITH 3-1-06 561-7587**