2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F14570



FILED Apr 23, 2008 08:00 AN

GOLDEN LEAF TREE EXPERTS, INC.					Secretary of State	
5085 COLB	oe of Business RIGHT ROAD TH FL 33467-5638	Mailing Address 5085 COLBRIGHT ROAD LAKE WORTH FL 33467-5638				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address		1	
Suite, Apt. #. etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)	
City & State		City & State			4. FEI Number 59-1457338 Applied For Not Applicable	
Zıp	Country	Z;p	Country		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	
SMITH, RICHARD J. 5085 COLBRIGHT ROAD LAKE WORTH FL 33463			Street	Address (F	(P.O. Box Number is Not Acceptable)	
			City		FL Zih 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 Signature lipted or produced sense of registered above target to edispert and the Familiar body. (NOTE Registered Agent suprature required when remaining). DATE						
Signature: Typed or criminal harris of registered agent and title ill application, (NOTE: Registered Agent augmatum required whole remaining). DATE						
After 'After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department of)			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP	PD SMITH, RICHARD J. 5085 COLBRIGHT ROAD LAKE WORTH FL	□ Dolete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition U00000917216 05/13/08-80034-801 150.00 □ Change □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, PATRICIA HUNT 5085 COLBRIGHT ROAD LAKE WORTH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
THEE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CHURCHILL C. 5470 S. 73 RD SOUTH LAKE WORTH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleis	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

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 eath; that I am an efficer 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.

CHYRCHILL SMITH 4-1-08