

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151436

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: JAMES WILLS LANDSCAPE AND TREE TRIMMING, INC.

**Current Principal Place of Business:**

5955 WHIPOORWILL LANE  
PORT ST. LUCIE, FL 34987 US

**New Principal Place of Business:**

**Current Mailing Address:**

5955 WHIPOORWILL LANE  
PORT ST. LUCIE, FL 34987 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

WILLS, JAMES T PRESIDE  
5955 WHIPOORWILL LANE  
PORT ST. LUCIE, FL 34987 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: P                      ( ) Delete  
Name: WILLS, JAMES T  
Address: 5955 WHIPOORWILL LANE  
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: SECR                      ( ) Delete  
Name: WILLS, KELLI R  
Address: 5955 WHIPOORWILL LANE  
City-St-Zip: PORT ST. LUCIE, FL 34987 US

**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: JAMES WILLS

P

02/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date