

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110523

FILED  
Jun 03, 2009  
Secretary of State

Entity Name: KODIAK TREE SERVICE, INC.

## Current Principal Place of Business:

1601 23RD ST.  
NICEVILLE, FL 32578

## New Principal Place of Business:

418 GOVERNMENT AVE  
VALPARAISO, FL 32580

## Current Mailing Address:

1601 23RD ST.  
NICEVILLE, FL 32578

## New Mailing Address:

418 GOVERNMENT AVE  
VALPARAISO, FL 32580

FEI Number: 68-0612877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, SHAWNA M  
1601 23RD ST.  
NICEVILLE, FL 32578 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SMITH, SHAWNA M  
Address: 1601 23RD ST.  
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Delete  
Name: SMITH, BENJAMIN D  
Address: 1601 23RD ST.  
City-St-Zip: NICEVILLE, FL 32578

## 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 exemption stated 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 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: BENJAMIN D SMITH

VP

06/03/2009

Electronic Signature of Signing Officer or Director

Date