

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132081

FILED
Apr 17, 2009
Secretary of State

Entity Name: ABC TREE SERVICE, INC.

Current Principal Place of Business:

1124 FAIRLAWN DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

1240 ALTMAN DR
MERRITT ISLAND, FL 32952

Current Mailing Address:

1124 FAIRLAWN DR
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 45-0583400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEHRIBACH, JOHN
1124 FAIRLAWN DR
ROCKLEDGE, FL 32955 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: D/T () Delete
Name: FEHRIBACH, JOHN
Address: 1124 FAIRLAWN DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: FEHRIBACH, JOHN
Address: 1124 FAIRLAWN DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D/P () Delete
Name: FRANKLIN, ALEX
Address: 1240 ALTMAN DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: FRANKLIN, ALEX
Address: 1240 ALTMAN DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BALLARD, JAMES
Address: 1047 ALAMANDA LN
City-St-Zip: COCOA, FL 32922

Title: D (X) Change () Addition
Name: PASCAL, CHARLIE
Address: 4282 FOUNTAIN PALM RD
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RUBIN, JOSEPH
Address: 1138 MACON DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Change (X) Addition
Name: RUDDACK, LYSLE
Address: 1240 BARNA AVE
City-St-Zip: TITUSVILLE, FL 32780

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: ALEX FRANKLIN

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04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date