

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037061

Entity Name: TIM'S TREE SERVICE, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

1114 LENOX COURT  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1114 LENOX COURT  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 65-0417596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
SUITE 204  
FORT MYERS, FL 33919 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 ( ) Delete  
Name: DIGENNARO, ANTIMO  
Address: 1114 LENOX COURT  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANTONIMO DIGENNARO

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date