

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087895

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: PHILLIPS' TREE SERVICE, INC.

**Current Principal Place of Business:**

174 DUSK WAY  
FT. PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

174 DUSK WAY  
FT. PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 65-0805194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BOYD, J. CURTIS ESQ  
117 S 2ND STREET SUITE 208  
FT. PIERCE, FL 34950 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: S ( ) Delete  
Name: PHILLIPS, LEAH  
Address: 5069 MARGARET ANN LANE  
City-St-Zip: FT PIERCE, FL 34946

Title: VP ( ) Delete  
Name: PHILLIPS, DWAYNE  
Address: 465 WEST COKER RD  
City-St-Zip: FT PIERCE, FL 34945

Title: D ( ) Delete  
Name: PHILLIPS, JACKSON M JR  
Address: 174 DUSK WAY  
City-St-Zip: FT PIERCE, FL 34945

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

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

Title: VP (X) Change ( ) Addition  
Name: PHILLIPS, DWAYNE  
Address: 331 EMERALD AVE  
City-St-Zip: FT PIERCE, FL 34945

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: LEAH PHILLIPS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MRS.

01/07/2008

\_\_\_\_\_ Date