


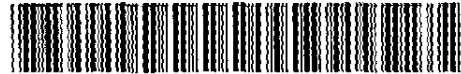
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000024127
 1. Entity Name
GREEN ACRES TREE SERVICE, INC.



Principal Place of Business Mailing Address
3717 53RD AVE., NORTH ST.PETERSBURG FL 33714 **3717 53RD AVE., NORTH ST.PETERSBURG FL 33714**



2. Principal Place of Business Suite, Apt. #, etc. **Same Address**
 3. Mailing Address Suite, Apt. #, etc. **Same**

1st MOORE CR2E034 (10/05)

City & State Zip Country City & State Zip Country

4. FEI Number **59-3162853** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
O'NEILL, JAMES W ESQ.
2120 52ND STREET SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GROSS, MARK A 3717 53RD AVE., NORTH ST.PETERSBURG FL 33714	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D GROSS, JUNE M 3717 53RD AVE., NORTH ST.PETERSBURG FL 33714	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000435182 02/25/06-80031-025 150.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **June M. Gross** **2/13/06**