

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90033 007 \*\*\*158.75

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01302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000163019</b>					
1. Entity Name <b>S&amp;B TREE CARE, INC</b>					
Principal Place of Business <b>1138 52ND AVENUE N ST. PETERSBURG, FL 33703 US</b>			Mailing Address <b>1138 52ND AVENUE N ST. PETERSBURG, FL 33703 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>43-2093670</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BABCOCK, CULLEN 1138 52ND AVENUE N ST. PETERSBURG, FL 33703</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STABILE, ENDCENT		NAME	VINCENT STABILE	
STREET ADDRESS	1138 52ND AVENUE N		STREET ADDRESS	1138 52ND AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703		CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, CULLEN		NAME		
STREET ADDRESS	1138 52ND AVENUE N		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Vincent Stabile</u>		President		1-31-06 727-526-2734	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	