

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State



DOCUMENT # S84458

1. Entity Name
ALLSTATE TREE SERVICE, INC.

Principal Place of Business
**5330 CAUSEWAY BLVD
TAMPA FL 33619
US**

Mailing Address
**5330 CAUSEWAY BLVD
TAMPA FL 33619
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3095376**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDS, DOUGLAS L
14011 LAKE MAGDALINE BLVD.
TAMPA FL 33618**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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: PS Delete
NAME: LITTLER, RICK
STREET ADDRESS: 1203 WINDERMERE WAY
CITY-STATE-ZIP: TAMPA FL 33619

TITLE: Change Addition
NAME: U00000600835
STREET ADDRESS: 01/26/07-80024-019 158.75
CITY-STATE-ZIP:

TITLE: D Delete
NAME: RICHARDS, DOUGLAS L.
STREET ADDRESS: 14011 LAKE MAGDALENE BLVD.
CITY-STATE-ZIP: TAMPA FL 33618

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
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CITY-STATE-ZIP:

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CITY-STATE-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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 info empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 813-249-7302
Date Daytime Phone #