

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 335236**

1. Entity Name

BERT NEWCOMB TREE & LANDSCAPING SERVICE, INC.



Principal Place of Business

8855 NW 95 STREET  
MEDLEY FL 33178

Mailing Address

8855 NW 95 STREET  
MEDLEY FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1221614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIVESAY, LEIGH M.  
9722 SW 69 PLACE  
MIAMI FL 33156

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | PD                 | <input type="checkbox"/> Delete |
| NAME            | LIVESAY, LEIGH M.  |                                 |
| STREET ADDRESS  | 9722 S.W. 69 PLACE |                                 |
| CITY - ST - ZIP | MIAMI FL           |                                 |
| TITLE           | SD                 | <input type="checkbox"/> Delete |
| NAME            | LIVESAY, CHERYL    |                                 |
| STREET ADDRESS  | 9722 SW 69 PLACE   |                                 |
| CITY - ST - ZIP | MIAMI FL           |                                 |
| TITLE           |                    | <input type="checkbox"/> Delete |
| NAME            |                    |                                 |
| STREET ADDRESS  |                    |                                 |
| CITY - ST - ZIP |                    |                                 |
| TITLE           |                    | <input type="checkbox"/> Delete |
| NAME            |                    |                                 |
| STREET ADDRESS  |                    |                                 |
| CITY - ST - ZIP |                    |                                 |
| TITLE           |                    | <input type="checkbox"/> Delete |
| NAME            |                    |                                 |
| STREET ADDRESS  |                    |                                 |
| CITY - ST - ZIP |                    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                           |   |
|-----------------|---------------------------|---|
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  | U00000195477              |   |
| CITY - ST - ZIP | 01/26/05-80029-019 150.00 |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Leigh M. Livesay* LEIGH M. LIVESAY 1/20/05

305-883-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #