

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005594

FILED
Apr 30, 2009
Secretary of State

Entity Name: WRIGHT TREE SERVICE, INC.

Current Principal Place of Business:

139 6TH STREET
WEST DES MOINES, IA 50265

New Principal Place of Business:

Current Mailing Address:

PO BOX 1718
DES MOINES, IA 503061718

New Mailing Address:

FEI Number: 42-0860402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: PACKARD, SCOTT
Address: 5940 COTTONWOOD CIR
City-St-Zip: WEST DES MOINES, IA 50266

Title: DV () Delete
Name: MYERS, BOB
Address: 139 6TH STREET
City-St-Zip: WEST DES MOINES, IA 50265

Title: D () Delete
Name: WRIGHT, NANCY
Address: 578 CHARDONNAY PT
City-St-Zip: WAUKEE, IA 50263

Title: S/TD () Delete
Name: MCGONEGLE, TERRY
Address: 5115 WAKONDA DR.
City-St-Zip: NORWALK, IA 50211

Title: D () Delete
Name: WRIGHT, LINDA
Address: 35389 NOME CT
City-St-Zip: DE SOTO, IA 50069

Title: D () Delete
Name: DANOS, JOHNNY
Address: 1915 GRAND AVE
City-St-Zip: DES MOINES, IA 50309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: PACKARD, SCOTT
Address: 5940 COTTONWOOD CIR
City-St-Zip: WEST DES MOINES, IA 50266

Title: PD (X) Change () Addition
Name: NUTTER, WILBUR
Address: 139 6TH STREET
City-St-Zip: WEST DES MOINES, IA 50265

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

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

Title: D (X) Change () Addition
Name: RUE, RICHARD
Address: 2705 NW 4TH CIRCLE
City-St-Zip: ANKEY, IA 50023

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: TERENCE J MCGONEGLE

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date