

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H55257

1. Entity Name
ALLEN'S TREE SERVICE, INC.



Principal Place of Business
2113 MITCHELL LN
DAYTONA BEACH, FL 32124

Mailing Address
2113 MITCHELL LANE
DAYTONA BEACH, FL 32124

FILED
Sep 18, 2008 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2692829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLENK, KENNETH E.
2113 MITCHELL LN
DAYTONA BEACH, FL 32014

**DO NOT WRITE
IN THIS SPACE**

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

U000000353843

09/18/08-80002-012 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KLENK, KENNETH 2113 MITCHELL LN PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KLENK, DEBRA 2113 MITCHELL LN PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-08-08 386-252-3822

Date

Daytime Phone #