

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90015 046 \*\*\*150.00

DOCUMENT # J07869

1. Entity Name

TRI-STAR LAWN SERVICE, INC.



Principal Place of Business

8632 LONESOME PINE TRL.  
FT. PIERCE FL 34945

Mailing Address

8632 LONESOME PINE TRL.  
FT. PIERCE FL 34945



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

10645 PINE CONE

Suite, Apt. #, etc.

3. Mailing Address

10645 PINE CONE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

FT. PIERCE

City & State

FT. PIERCE

4. FEI Number

59-2636666

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

34945

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALCER, THOMAS  
8632 LONESOME PINE TRL.  
FT. PIERCE FL 34945

7. Name and Address of New Registered Agent

Name

PAUL WHITAKER

Street Address (P.O. Box Number is Not Acceptable)

10645 PINE CONE

City

FT. PIERCE

FL

Zip/Code

34945

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

*Paul Whitaker*

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

(NOTE: Registered Agent signature required when reinstating)

2/28/07

**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

NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	WHITAKER, PAUL	
CITY ST ZIP	10645 PINE CONE	
	FT PIERCE FL 34945	
NAME	DV	<input type="checkbox"/> Delete
STREET ADDRESS	BALCER, THOMAS	
CITY ST ZIP	8632 LONESOME PINE TRL.	
	FT. PIERCE FL	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY ST ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY ST ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY ST 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 like empowered.

SIGNATURE:

*Thomas A. Balcer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07 (772) 489-2057

Date

Daytime Phone #