2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L49102

FILED Jul 21, 2009 Secretary of State

Entity Name: SHADE TREE TREE SERVICE, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
125 SW. MA	RTIN HWY.					
ALM CITY, F	FL 34990	US				
urrent Mailing Address:			New Mailing Address:			
. O. BOX 51 ALM CITY, F						
El Number: 65	-0168561	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Des	ired ()
ame and A	ddress of C	urrent Registered Agent:	Name and	l Address of N	New Registered Agent	t:
OLE, JOHN 125 SW MAI						
125 ŚW MAI	FL 34990 U	S				
125 ŚW MAI ALM CITY, F	med entity s	S ubmits this statement for the p	urpose of changing	its registered o	office or registered ager	nt, or both,
125 ŚW MAI ALM CITY, F ne above na	med entity s Florida.		urpose of changing	its registered o	office or registered ager	nt, or both,
I25 ŚW MAI ALM CITY, F ne above na the State of	med entity s Florida.			its registered o	office or registered ager Date	nt, or both,
I25 ŚW MAI ALM CITY, F ne above na the State of GNATURE:	med entity s Florida. Electroni	ubmits this statement for the p		its registered o		nt, or both,
I25 ŚW MAI ALM CITY, F ne above na the State of IGNATURE: ection Campa	med entity s Florida. Electroni	ubmits this statement for the p c Signature of Registered Age Trust Fund Contribution ().	ont			

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: JACOB J. SCROGGIN TR 07/21/2009

L49102 17-21-09

Shade Tree Inc.

John Cole • Certified Arborist • P.O. Box 516 • Palm City, FI 34991 Telephone (772) 223-7307 • Fax (772) 223-7324



September 21, 2009

Dear Jerline,

Back in July we paid a late fee for document # L49102. We never received the notice to file the 2009 Annual Report, and were told that we would receive a refund.

Please refund the late fee.

Thank you, Jake Shade Tree, Inc. \$390.00

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