

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84019

FILED
Feb 07, 2008
Secretary of State

Entity Name: W.B. OLLIFF, JR. TREE SURGEON INC.

Current Principal Place of Business:

P.O. BOX 874
3960 E. MAIN ST.
WAUCHULA, FL 33873

New Principal Place of Business:

3960 E. MAIN ST.
WAUCHULA, FL 33873 US

Current Mailing Address:

P.O. BOX 874
3960 E. MAIN ST.
WAUCHULA, FL 33873

New Mailing Address:

P.O. BOX 874
WAUCHULA, FL 33873 US

FEI Number: 59-3016713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLLIFF, W.B., JR
3960 EAST MAIN STREET
WACHULA, FL 33873 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: D () Delete
Name: OLLIFF, W.B., JR,
Address: 3960 EAST MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: VP () Delete
Name: OLLIFF, JAMES,
Address: 3960 EAST MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WALTER B. OLLIFF, JR.

D

02/07/2008

Electronic Signature of Signing Officer or Director

_____ Date