2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010946

Entity Name: LANGSTON TREE SERVICE, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
)7TH PLACE D, FL 32626						
Current Mailing Address:				New Mailing Address:			
4751 NW 155TH ST TRENTON, FL 32693				2751 NE 107TH PLACE CHIEFLAND, FL 32626			
FEI Number:	59-3631817	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LANGSTON, WANDA C 4751 NW 155TH STREET TRENTON, FL 32693 US				LANGSTON, WANDA C 2751 NE 107TH PL CHIEFLAND, FL 32626 US			
in the State	of Florida.	ubmits this statement for the p	urpose o	f changing it	ts registered off	ice or registered agent, or both	i,
Electronic Signature of Registered Agent				Date			
Election Can	e with s. 607.193	S(2)(b), F.S., the corporation did not Trust Fund Contribution ().		-		O OFFICERS AND DIRECTO	RS:
Title: Name: Address: City-St-Zip:	PRES () LANGSTON, W/ 4751 NW 155TH TRENTON, FL	HST.		Title: Name: Address: City-St-Zip:	PRES (X) (LANGSTON, WAI 4751 NW 155TH TRENTON, FL 3	ST	
Title: Name: Address: City-St-Zip:	D () LANGSTON, WI 4751 NW 155TH TRENTON, FL	FST.		Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address: City-St-Zip:	V.P. () LANGSTON, RC 4751 NW 155TH TRENTON, FL	l ST		Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address: City-St-Zip:	D () BARRON, CHEF 4671 NW 155TH TRENTON, FL	RYL E I ST.		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () WOODALL, HEA P.O. BOX 1203 TRENTON, FL	HWY 26		Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name:	D () ARRINGTON, R	Delete ANDELL A		Title: Name:	() (Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: WANDA C. LANGSTON PRES 05/01/2008

P.O. BOX 426, 20TH AVE.

City-St-Zip: CHIEFLAND, FL 32644

Address: