

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90040 047 ***150.00

DOCUMENT # P00000052624

1. Entity Name

STUMP MAN TREE SERVICE, INC.



Principal Place of Business

1997 S.W. 17TH COURT REAR
MIAMI FL 33145

Mailing Address

1997 S.W. 17TH COURT REAR
MIAMI FL 33145



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-1015550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMPANIONI, MIRIAM C
1997 SW 17 COURT REAR
MIAMI FL 33145

Name

AARON L ROJAS

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

1997 SW. 17 CT. REAR

MIAMI, FLORIDA. 33145

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☒ Delete
NAME ROJAS, JOSE A
STREET ADDRESS 2401 SW 4 AVE
CITY-ST-ZIP MIAMI FL 33129

TITLE PD ☐ Change ☐ Addition
NAME AARON L ROJAS
STREET ADDRESS 1997 S.W. 17 CT. Rear
CITY-ST-ZIP MIAMI, FLORIDA. 33145

TITLE PD ☒ Delete
NAME COMPANIONI, MIRIAM C
STREET ADDRESS 2401 SW 17 CT
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME ROJAS, AARON L
STREET ADDRESS 2401 SW 4 AVENUE
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: No Phone #

4/29/08