2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 19, 2007 8:00 am DOCUMENT # P01000083060 **Secretary of State** 1. Entity Name 03-19-2007 90066 036 ***150.00 A & R TREE SERVICE, INC. Principal Place of Business Mailing Address 9092 REDBIRD LANE 9092 REDBIRD LANE **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1082044 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINSTEAD, PAMELA Street Address (P.O. Box Number is Not Acceptable) 9092 REDBIRD LANE **BROOKSVILLE FL 34601** City 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 reinstature) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE HILE Change ☐ Delete ☐ Addition WINSTEAD, AUDIE R NAME 9092 REDBIRD LN STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34601** CITY-ST-ZIP CITY - ST - ZIP Winstead, Panela ☐ Delete ST WINSTEAD, PAMELA NAME NAME 9092 Red bird Lave 9092 REDBIRD LN STREET ADDRESS STREET ADDRESS Brooksville FC 30 Timothy Windstead 9092 Redbird Lane SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE D WINSTEAD, TIMOTHY R NAME 9092 REDBIRD LN STREET ADDRESS STREET ADDRESS Brooksville FL 34601 SPRING HILL FL 34507 CITY-ST-ZIP CITY OF 7IP Change Addition HILF Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition HILL THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 op an attachment with an address, with all other like empowered.

R OR DIRECTOR

SIGNATURE:

FILED

352-796-7657