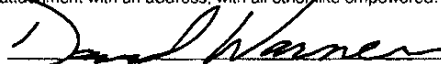


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90213 016 \*\*\*150.00

<b>DOCUMENT # P02000000102</b> 1. Entity Name <b>WARNER'S TREE SERVICE, IINC.</b>					
Principal Place of Business <b>12901 N NEBRASKA AVE TAMPA, FL 33612</b>			Mailing Address <b>PO BOX 280211 TAMPA, FL 33682</b>		
2. Principal Place of Business - No P.O. Box # <b>931 E. 129th Ave</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Tampa, Florida</b>		City & State		4. FEI Number <b>60-0000951</b>	
Zip <b>33612</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARNER, DAVID A 12901 N NEBRASKA AVE TAMPA, FL 33612</b>			7. Name and Address of New Registered Agent Name <b>WARNER, David A</b> Street Address (P.O. Box Number is Not Acceptable) <b>931 E 129th Ave</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33612</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>WARNER, DAVID A 12901 N NEBRASKA AVE TAMPA, FL 33612</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>WARNER, David A 931 E. 129th Ave Tampa, FL 33612</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>David Warner</b>			Date <b>5-27-08</b> Daytime Phone # <b>813-393-9826</b>		

40106483



05212008 Chg-P CR2E034 (12/06)