

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000093972

1. Entity Name

J. T.'S TREE SERVICE, INC.



**FILED
May 12, 2008 8:00 am
Secretary of State**

05-12-2008 90035 003 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business 7821 KNIGHTWING CIRCLE BLACK HAWK DEVELOPMENT FT. MYERS FL 33912		Mailing Address 7821 KNIGHTWING CIRCLE BLACK HAWK DEVELOPMENT FT. MYERS FL 33912	
2. Principal Place of Business - No P.O. Box # 2004 Abbott Avenue Suite, Apt. #, etc.		3. Mailing Address 2004 Abbott Avenue Suite, Apt. #, etc.	
City & State Alva, FL		City & State Alva, FL	
Zip 33920	Country USA	Zip 33920	Country USA
6. Name and Address of Current Registered Agent BUCCIERI, JAMES T II 7821 KNIGHTWING CIRCLE FORT MYERS FL 33912		7. Name and Address of New Registered Agent Name Buccieri, James T. II Street Address (P.O. Box Number is Not Acceptable) 2004 Abbott Avenue City Alva Zip Code FL 33920	
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 <i>James T. Buccieri</i> (NOTE: Registered Agent signature required when remitting fees) Signature, typed or printed name of registered agent and title, if applicable.			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BUCCIERI, JAMES T II 7821 KNIGHTWING CIRCLE FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Buccieri, James T. II 2004 Abbott Avenue Alva, FL 33920
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
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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 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: *James T. Buccieri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 (239) 980-1105
Daytime Phone #