

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-07-2005 90008 031 ***150.00

DOCUMENT # P02000126346

1. Entity Name

M & W CITRUS TREE REMOVAL, INC.



Principal Place of Business

**4551 FORT SIMMONS AVENUE
LABELLE, FL 33935**

Mailing Address

**4551 FORT SIMMONS AVENUE
LABELLE, FL 33935**

66023444



07252005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1166397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HIGGINBOTHAM, ANDY
150 SOUTH MAIN STREET
LABELLE, FL 33935**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BYRD, L.W.
4551 FORT SIMMONS AVENUE
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **L.W. Byrd**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-25-05 863-673-1322

ATTACHMENT

66025224

7/25/2008

#P02000126346

To: Florida Department of State

This is the first notification we have recieved please wave the \$400.00 late fee.



L.W Byrd
M&W Citrus Tree Removal, INC