

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131361

**FILED**  
**Apr 18, 2008**  
**Secretary of State**

**Entity Name:** TRI-BROTHERS TREE AND LANDSCAPING, INC.

**Current Principal Place of Business:**

2400 DADE ROAD  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

8932 CARLTON RD  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

2400 DADE ROAD  
FORT PIERCE, FL 34982

**New Mailing Address:**

8932 CARLTON ROAD  
PORT ST LUCIE, FL 34987

**FEI Number:** 56-2311283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FASNACHT, KASANDRA  
2400 DADE ROAD  
FORT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

FASNACHT, KASANDRA  
8932 CARLTON RD  
PORT ST LUCIE, FL 34987 US

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.

SIGNATURE: KASANDRA L. FASNACHT

04/18/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FASNACHT, KASANDRA  
Address: 2400 DADE ROAD  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: CEO ( ) Delete  
Name: FASNACHT, CHRIS  
Address: 2400 DADE ROAD  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGR (X) Delete  
Name: FASNACHT, PAUL  
Address: 5711 BALSAM DRIVE  
City-St-Zip: FORT PIERCE, FL 34982 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FASNACHT, KASANDRA  
Address: 8932 CARLTON RD  
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: CEO (X) Change ( ) Addition  
Name: FASNACHT, CHRIS  
Address: 8932 CARLTON RD  
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KASANDRA L. FASNACHT

DP

04/18/2008

Electronic Signature of Signing Officer or Director

Date