

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009432

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: CUSTOM TREE SERVICE, INC.

## Current Principal Place of Business:

9951 ATLANTIC BLVD SUITE  
317-1  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

11859 CAMDEN ROAD  
JACKSONVILLE, FL 32218

## Current Mailing Address:

9951 ATLANTIC BLVD SUITE  
317-1  
JACKSONVILLE, FL 32225

## New Mailing Address:

11859 CAMDEN ROAD  
JACKSONVILLE, FL 32218

FEI Number: 59-3764902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEPHEN E. TILLEY, PA, CPA  
4465 BAYMEADOWS ROAD  
STE. 3  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WASHINGTON, SCOTT  
Address: 9951 ATLANTIC BLVD SUITE 317-1  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete  
Name: WASHINGTON, LESLEY  
Address: 9951 ATLANTIC BLVD SUITE 317-1  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WASHINGTON, SCOTT  
Address: 11859 CAMDEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change ( ) Addition  
Name: WASHINGTON, LESLEY  
Address: 11859 CAMDEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

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: SCOTT WASHINGTON

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date