

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90006 006 ***150.00

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01312007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000016895			
1. Entity Name RV TREE TRIMMING, INC.			
Principal Place of Business P.O. BOX 2442 DELRAY BEACH, FL 33447		Mailing Address 200 SW 12TH AVE BOYNTON BEACH, FL 33435	
2. Principal Place of Business - No P.O. Box # 3442 Chatelaine Blvd Suite, Apt. #, etc. DELRAY BEACH, FL City & State 33445 Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country U.S.A		Country	
4. FEI Number 06-1668275		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALIERE, RICHE 200 SW 12TH AVE BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P VALIERE, RICHE 200 SW 12 AVE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE <i>Aiche Valiere</i>		Date <i>1/31/07</i> Daytime Phone # <i>561-2794651</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	