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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000095835

1. Entity Name
FLORIDA TREE SURGERY, INC.

Principal Place of Business	Mailing Address
11517 N. SEDGEMORE DRIVE JACKSONVILLE, FL 32223	11517 N. SEDGEMORE DRIVE JACKSONVILLE, FL 32223

2. Principal Place of Business		3. Mailing Address	
4949 Sunbeam Rd		4949 Sunbeam Rd	
Suite, Apt. #, etc. #13		Suite, Apt. #, etc. #13	
City & State Jacksonville, FL		City & State JACKSONVILLE, FL	
Zip 32257	Country USA	Zip 32257	Country USA

07052006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1184932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN E. TILLEY, P.A., CPA'S
4465 BAYMEADOWS ROAD, SUITE 3
JACKSONVILLE, FL 32217

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 ______________________________
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 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASHINGTON, SCOTT 11517 N. SEDGEMORE DRIVE JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT WASHINGTON 4949 Sunbeam Rd #13 Jacksonville, FL 32257	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASHINGTON, LESLIE S 11517 N SEDGEMORE DR JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LESLEY WASHINGTON 4949 Sunbeam Rd #13 Jacksonville, FL 32257	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Lesley Washington 7/5/06 904-292-9226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #