

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000134466

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED TREE SOLUTIONS, INC.

**Current Principal Place of Business:**

2422 5TH ST  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 701602  
ST CLOUD, FL 34770

**New Mailing Address:**

**FEI Number:** 56-2416884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
SUITE A  
DELTONA, FL 32725 US

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

BOWEN, JEREMY  
2422 5TH STREET  
ST. CLOUD, FL 34769 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: JEREMY BOWEN

04/29/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOWEN, JEREMY S  
Address: P.O. BOX 701602  
City-St-Zip: ST CLOUD, FL 34770 US

Title: VP  
Name: WILSON, JONNIE M  
Address: P.O. BOX 701602  
City-St-Zip: ST CLOUD, FL 34770 US

I hereby 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 all other like empowered.

SIGNATURE: JEREMY BOWEN

PRES

04/29/2010

Electronic Signature of Signing Officer or Director

Date