


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000149241 1. Entity Name COX'S QUALITY TREE SERVICE, INC.	
---	---

Principal Place of Business 1607 OLD DAYTONA RD. DELAND, FL 32724	Mailing Address 1607 OLD DAYTONA RD. DELAND, FL 32724
---	---

DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2137535	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 COX, KASI 1607 OLD DAYTONA RD. DELAND, FL 32724
--

DO NOT WRITE
IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, CARL 1607 OLD DAYTONA RD. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COX, KASI 1607 OLD DAYTONA RD. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000645395
03/05/07-80005-014 150.00

DO NOT WRITE
IN THIS SPACE

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: <u>Kasi Cox</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-21-07</u> <small>Date</small>	<u>386-740-8057</u> <small>Daytime Phone #</small>
---	---------------------------------------	---