

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000001293

Entity Name: MYLES TREE SERVICE, INC.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

2650 NW 13TH AVE
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

2650 NW 13TH AVE
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 59-3779638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYLES, CLAY
2650 NW 13TH AVE
LAKE PANASOFFKEE, FL 33538 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MYLES, CLAY
Address: 2650 NW 13TH AVE
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: VP () Delete
Name: MYLES, JAMES
Address: 45 CR 544
City-St-Zip: BUSHNELL, FL 33513

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: MYLES, DEBORAH MICHELL
Address: 2675 CR. 416 N.
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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: CLAY MYLES

PRES

10/12/2009

Electronic Signature of Signing Officer or Director

Date