

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 11, 2006  
Secretary of State**

DOCUMENT# P04000002535

Entity Name: CARLTON'S TREE SERVICE, INC.

**Current Principal Place of Business:**

622 SOUTHEAST ESSEX DRIVE  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

622 SOUTHEAST ESSEX DRIVE  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 20-0795253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARLTON, DANNY C  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: DANNY CARLTON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARLTON, DANNY  
Address: 622 SOUTHEAST ESSEX DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34984

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DANNY CARLTON

Electronic Signature of Signing Officer or Director

OWNE

12/11/2006

Date