

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90033 037 ***150.00

DOCUMENT # P04000003119

1. Entity Name

CARPENTRY AND TREE SERVICE, INC.



Principal Place of Business
1120 RAMBLEBROOK ST
MALABAR FL 32950

Mailing Address
1120 RAMBLEBROOK ST
MALABAR FL 32950



2. Principal Place of Business - No P.O. Box #
1120 Ramblebrook St

Suite, Apt. #, etc.

3. Mailing Address
1120 Ramblebrook St

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Malabar Fla

City & State
Malabar Fla.

4. FEI Number 37-1479543

Applied For
Not Applicable

Zip
32950

Country
Brevard

Zip
32950

Country
Brevard

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOLEY, DARYL S
1120 RAMBLEBROOK ST
MALABAR FL 32950

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 *Daryl S Wooley*

9 Feb 07

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Proprietor/President
WOOLEY, DARYL S
1120 RAMBLEBROOK ST
MALABAR FL 32950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Daryl S Wooley

9 Feb 07

321-725-5962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #