2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000007830

1. Entity Name
BOUIE TREE TRIMMING SERVICES, INC.

Principal Place of Business	Mailing Address
3084 LOCKWOOD LAKE CIR SARASOTA, FL 34234	3084 LOCKWOOD LAKE CIR SARASOTA, FL 34234

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
83-0377661
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOUIE, SAMMY L
3084 LOCKWOOD LAKE CIR
SARASOTA, FL 34234

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 _____
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOUIE, SAMMY L
STREET ADDRESS	3084 LOCKWOOD LAKE CIR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	BOUIE, OBADIAH
STREET ADDRESS	3084 LOCKWOOD LAKE CIR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	SD
NAME	BOUIE, CLEMIS
STREET ADDRESS	3084 LOCKWOOD LAKE CIR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	TD
NAME	BOUIE, SAMARA
STREET ADDRESS	3084 LOCKWOOD LAKE CIR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	BOUIE, JOSHUA
STREET ADDRESS	3084 LOCKWOOD LAKE CIR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80059-001 150.00

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: Clemis Bouie CLEMIS Bouie 4-29-08 941-957 3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #