

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007830

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: BOUIE TREE TRIMMING SERVICES, INC.

**Current Principal Place of Business:**

3084 LOCKWOOD LAKE CIR  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

3084 LOCKWOOD LAKE CIR  
SARASOTA, FL 34234

**New Mailing Address:**

FEI Number: 83-0377661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOUIE, SAMMY L  
3084 LOCKWOOD LAKE CIR  
SARASOTA, FL 34234      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: P  
Name: BOUIE, SAMMY L  
Address: 3084 LOCKWOOD LAKE CIR  
City-St-Zip: SARASOTA, FL 34234

Title: D  
Name: BOUIE, OBADIAH  
Address: 3084 LOCKWOOD LAKE CIR  
City-St-Zip: SARASOTA, FL 34234

Title: SD  
Name: BOUIE, CLEMIS  
Address: 3084 LOCKWOOD LAKE CIR  
City-St-Zip: SARASOTA, FL 34234

Title: TD  
Name: BOUIE, SAMARA  
Address: 3084 LOCKWOOD LAKE CIR  
City-St-Zip: SARASOTA, FL 34234

Title: D  
Name: BOUIE, JOSHUA  
Address: 3084 LOCKWOOD LAKE CIR  
City-St-Zip: SARASOTA, FL 34234

I hereby 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 all other like empowered.

SIGNATURE: SAMMY L. BOUIE

P

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date