

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000015163

1. Entity Name
CARROLL'S TREE SERVICE INC.



Principal Place of Business
**324 HIBISCUS DRIVE
LAKE WALES, FL 33898-5352**

Mailing Address
**324 HIBISCUS DRIVE
LAKE WALES, FL 33898-5352**



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0652225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARROLL, MARSHALL
324 HIBISCUS DRIVE
LAKE WALES, FL 33898-5352**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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

000000309458
05/06/08-80071-015 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CARROLL, MARSHALL**
STREET ADDRESS **324 HIBISCUS DRIVE**
CITY-ST-ZIP **LAKE WALES, FL 338985352**

TITLE **D**
NAME **L. VIRGINIA CARROLL**
STREET ADDRESS **324 HIBISCUS DRIVE**
CITY-ST-ZIP **LAKE WALES, FL 338985352**

TITLE **D**
NAME **CARROLL, CLINTON D**
STREET ADDRESS **324 HIBISCUS DRIVE**
CITY-ST-ZIP **LAKE WALES, FL 338985352**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *L. Virginia Carroll*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08
Date

(Marshall)
363-632-1347
Daytime Phone #