


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000023280**  
 1. Entity Name  
**JAGUAR CITY TREE SERVICE, INC.**



Principal Place of Business      Mailing Address  
**3015 ANNISTON ROAD**      **3015 ANNISTON ROAD**  
**JACKSONVILLE, FL 32246**      **JACKSONVILLE, FL 32246**



04272006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-0764842**      Not Applicable

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

8. Name and Address of Current Registered Agent  
**LOCKE, ANDREW P**  
**3015 ANNISTON ROAD**  
**JACKSONVILLE, FL 32246**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

**FILE NOW!!! FEE IS \$150.00**      8. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.            **Added to Fees**

1100000555850  
 05/16/06-80049-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOCKE, ANDREW P
STREET ADDRESS	3015 ANNISTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	LOCKE, DIANA M
STREET ADDRESS	3015 ANNISTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32246
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: Diana H. Locke      DIANA H. Locke      4-5-06      904.641-4753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #