

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90042 040 \*\*\*550.00

**DOCUMENT # P04000028384**

1. Entity Name  
**A & D TREE SERVICE, INC.**



Principal Place of Business

P.O. BOX 1162  
BUSHNELL, FL 33513

Mailing Address

P.O. BOX 1162  
BUSHNELL, FL 33513

**DO NOT WRITE IN THIS SPACE**

401200



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**11-3712660**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARRIS, FOSTER A  
114 HIGHWAY 476 WEST  
BUSHNELL, FL 33513

**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

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**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HARRIS, FOSTER A
STREET ADDRESS	P.O. BOX 1574
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	STD
NAME	HARRIS, ALLISON
STREET ADDRESS	P.O. BOX 1574
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Foster A Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-25-07**

Date

**352-303-5712**

Daytime Phone

ATTACHMENT

40126902  
# P04000028384

We are extremely sorry  
this is so late but we  
have one relative who  
is terminal (90yrs old &  
cancer recurred after  
29yrs) & another relative  
who passed away.

A & D Free Service