


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90080 022 ***150.00

DOCUMENT # P04000067393

1. Entity Name
ENGLAND'S TREE SERVICE INC.



Principal Place of Business Mailing Address

POST OFFICE BOX 4695 POST OFFICE BOX 4695
 NORTH FORT MYERS, FL 33918 NORTH FORT MYERS, FL 33918



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 02-0721830 Not Applicable

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

8. Name and Address of Current Registered Agent

JULIE ENGLAND
129 EVERGREEN ROAD
N. FORT MYERS, FL 33918

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: Julie England 5-9-07 DATE 4/12/07

Signature must be written name of the registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	VD
NAME	ENGLAND, JULIE
STREET ADDRESS	POST OFFICE BOX 4695
CITY - ST - ZIP	NORTH FORT MYERS, FL 33918
TITLE	PTD
NAME	ENGLAND, MARK SR.
STREET ADDRESS	POST OFFICE BOX 4695
CITY - ST - ZIP	NORTH FORT MYERS, FL 33918
TITLE	S
NAME	ENGLAND, MARK II
STREET ADDRESS	POST OFFICE BOX 4695
CITY - ST - ZIP	NORTH FORT MYERS, FL 33918
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: Julie England 5-9-07 239-543-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #