


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90103 003 ***150.00

DOCUMENT # P04000124237	
1. Entity Name JORDAN TREE EXPERT CO., INC.	

Principal Place of Business 3181 FRONTIER AVENUE LAKE WORTH, FL 33467 US	Mailing Address 3181 FRONTIER AVENUE LAKE WORTH, FL 33467 US
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2. Principal Place of Business 639 Bluebell Court Suite, Apt. #, etc.	3. Mailing Address 639 Bluebell Court Suite, Apt. #, etc.
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City & State Wellington, FL	City & State Wellington, FL
Zip 33414	Country US



04172006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1549146	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EBERSOLD, JASON M 3181 FRONTIER AVENUE LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent	
Name Ebersold, Jason M	
Street Address (P.O. Box Number is Not Acceptable) 639 Bluebell Court	
City Wellington	FL Zip Code 33414

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: X Jason Ebersold
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EBERSOLD, JASON M 3181 FRONTIER AVENUE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ebersold, Jason M 639 Bluebell Court Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X Jason Ebersold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #