


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000124237</b> 1. Entity Name <b>JORDAN TREE EXPERT CO., INC.</b>						<b>FILED</b> <b>07 MAY 22 PM 2:40</b> DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>639 BLUESHELL CT</b> <b>WEST PALM BEACH, FL 33414 US</b>				Mailing Address <b>639 BLUESHELL CT</b> <b>WEST PALM BEACH, FL 33414 US</b>			
2. Principal Place of Business - No P.O. Box # <b>639 Bluebell Ct</b> Suite, Apt. #, etc.				3. Mailing Address <b>Same as Principal</b> Suite, Apt. #, etc.			
City & State <b>West Palm Beach, FL</b>				City & State <b>West Palm Beach, FL</b>			
Zip <b>33414</b>		Country <b>USA</b>		Zip <b>33414</b>		Country <b>USA</b>	
4. FEI Number <b>20-1549146</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>EBERSOLD, JASON M</b> <b>639 BLUESHELL CT</b> <b>WEST PALM BEACH, FL 33414</b>				7. Name and Address of New Registered Agent Name <b>Jason Ebersold</b> Street Address (P.O. Box Number is Not Acceptable) <b>639 Bluebell Ct.</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33414</b>			
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 <i>Jason M. Ebersold</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-30-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EBERSOLD, JASON M</b> <b>639 BLUESHELL CT</b> <b>WEST PALM BEACH, FL 33414</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Jason M. Ebersold</b> <b>639 Bluebell Ct.</b> <b>West Palm Beach, FL 33414</b>		
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		
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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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		
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: <i>Jason M. Ebersold</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-30-07</b>			
				Daytime Phone # <b>561 434 6363</b>			