


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000137552

1. Entity Name
TOTAL TREE SERVICE OF SARASOTA, INC.



Principal Place of Business Mailing Address
2356 VINTAGE STREET **2356 VINTAGE STREET**
SARASOTA, FL 34240 **SARASOTA, FL 34240**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

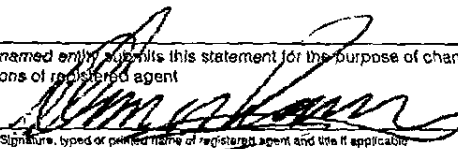
4. FEI Number: **20-1703215** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
POWERS, WILLIAM
2356 VINTAGE STREET
SARASOTA, FL 34240

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:  **William A. Powers** DATE: **3/25/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWERS, WILLIAM
STREET ADDRESS	2356 VINTAGE STREET
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	POWERS, SHAWN
STREET ADDRESS	2356 VINTAGE STREET
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/16/06-80011-008 150.00

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR