## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 08:00 AM Secretary of State

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DOCU	MENT # P040001557	705				
1. Entity Name				<b>\</b>		
LELAND'S	S TREE SERVICE, INC.			))		
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Principal Plac	e of Business	Mailing Address	<del>-                                    </del>	7		
		5280 PALM AVENUE				
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				04082008 No Chg-P CR2E034 (11/05)		
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-				20-1891042   Not Applicable		
		•				
				5. Certificate of Status Desired		
<del></del>	6. Name and Address of Current R	onistered Ament	T	1 00 130421104		
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ROGGENKAMP, KATHRYN P			}	SA MAT WORTE		
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COCOA, F			}	W. 71110 001 00		
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8. The above	named entity submits this statement for	the purpose of changing its registe	ared office or registe	tered agent, or both, in the State of Florida I am familiar with, and accept		
	tions of registered agent.		• .			
1				·=		
SIGNATURE.	<del> </del>		<del></del>			
<u> </u>	Signature, typed or printed name of registered egent a	nd the it applicable [NG 15: Registe	red Agent agnature require	ked when reinstating) DATE		
}						
FIL	E NOW!!! FEE 18 \$150.00	S. Election Campaign Fin Trust Fund Contribution		5.00 May Bs dded to Fees		
After M	ay 1, 2006 Fee will be \$550.0	(0) Trast Polita Contribution	w man	direct to Leda		
10.	OFFICERS AND I	DIRECTORS	T			
TITLE	P					
NAME	ROGGENKAMP, KATHRYN P		•			
STREET ADDRESS	5280 PALM AVENUE	<del></del> -	_ <u>}</u>			
CITY-ST-ZIP	COCOA, FL 32928		1			
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HILE	{ ```.		1	04/23/06-30024-805 150.00		
NAME	ROGGENKAMP, LELAND		3			
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12. I harehv	certify that the information supplied with	this filling does not qualify for the	exemptions contains	ned in Chapter 119. Florida Statutes. I further certify that the information		
12. I hereby indicates	certify that the information supplied with d on this report or supplemental report is	this filing does not qualify for the true and accurate and that my sig	exemptions contains	ned in Chapter 119, Florida Statutes. I further certily that the information as same legal effect as if made under path; that I am an officer or director.		
) ପୀ (ମ <del>e</del> ÇC	certify that the information supplied with don this report or supplemental report is orporation or the receiver or trustee empt, or on an attachment with an address, the contract of the cont	iwated to execule litis report as ted	exemptions contains nature shall have the quired by Chapter 60	ned in Chapter 119, Florida Statutes. I further certily that the information he same legal effect as if made under oath; that I am an officer or directo 607, Florida Statules; and that my name appears in Block 10 or Block 11		