


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 039 ***550.00

DOCUMENT # P04000159868	
1. Entity Name JOE'S TREE SERVICE AND LANDSCAPING, INC.	

Principal Place of Business 12125 FOREST HILLS DRIVE TAMPA FL 33612	Mailing Address 12125 FOREST HILLS DRIVE TAMPA FL 33612
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 90-0264838		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FULCO, TAMMIE S 12125 FOREST HILLS DRIVE TAMPA, FL 33612	
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7. Name and Address of New Registered Agent	
Name Tammie S Fulco	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

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>Tammie Fulco</i>	DATE 5-1-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	S FULCO, JOSEPH R 12125 FOREST HILLS DRIVE TAMPA FL 33612 <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	P FULCO, TAMMIE S 12125 FOREST HILLS DRIVE TAMPA FL 33612 <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 Section 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>Tammie Fulco</i>	(813) 3936541