

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90046 046 \*\*\*150.00

<b>DOCUMENT # P04000159991</b> 1. Entity Name <b>CENTURY TREE SERVICE MANAGEMENT INC.</b>																															
Principal Place of Business <b>2159 OAK TRAIL LANE ORANGE PARK, FL 32003-8629</b>		Mailing Address <b>2159 OAK TRAIL LANE ORANGE PARK, FL 32003-8629</b>																													
2. Principal Place of Business - No P.O. Box # <b>3737 Trout River Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3737 Trout River Blvd</b> Suite, Apt. #, etc.																													
City & State <b>Jacksonville, FL</b> Zip <b>32208</b> Country <b>USA</b>		City & State <b>Jacksonville, FL</b> Zip <b>32208</b> Country <b>USA</b>																													
4. FEI Number <b>05-0612588</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>DAVIS, JOHN R SR 2159 OAK TRAIL LANE ORANGE PARK, FL 32003-8629</b>		7. Name and Address of New Registered Agent Name <b>John R Davis, SR</b> Street Address (P.O. Box Number is Not Acceptable) <b>3737 Trout River Blvd</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32208</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 _____ DATE <b>7-7-2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P DAVIS, JOHN R SR 2159 OAK TRAIL LANE ORANGE PARK, FL 320038629</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVIS, JOHN R SR 2159 OAK TRAIL LANE ORANGE PARK, FL 320038629</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P Davis, John R SR 3737 Trout River Blvd Jacksonville, FL 32208</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Davis, John R SR 3737 Trout River Blvd Jacksonville, FL 32208</b> <input checked="" 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: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

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7-7-07 904-924-9999