

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90046 014 ***150.00

DOCUMENT # P04000165640

1. Entity Name
PRIDE TREE SERVICE, INC.



Principal Place of Business
4225 SE 58TH PLACE
OCALA, FL 34480

Mailing Address
4225 SE 58TH PLACE
OCALA, FL 34480



2. Principal Place of Business - No P.O. Box #
4401 SE 79th St.

3. Mailing Address
4401 SE 79th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-P CR2E034 (12/06)

City & State
Ocala, FLORIDA

City & State
Ocala, FLORIDA

4. FEI Number
56-2511526

Applied For
Not Applicable

Zip
34480

Country
USA

Zip
34480

Country
USA

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

6. Name and Address of Current Registered Agent

ADEL, GARRY D
4 SE BROADWAY
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name R. Duwayne Styles
Street Address (P.O. Box Number is Not Acceptable)
4401 SE 79th St.
City Ocala FL Zip Code 34480

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: *R. Duwayne Styles*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME STYLES, R. DUWAYNE
STREET ADDRESS 4225 SE 58TH PLACE
CITY-ST-ZIP Ocala, FL 34480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *R. Duwayne Styles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-08 352-522-2570