2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022459

Address:

City-St-Zip:

10164 CARRAGE CIRCLE SOUTH

JACKSONVILLE, FL 32225

Entity Name: GOLD LEAF TREE SERVICE, INC.

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10164 CARRAGE CIRCLE SOUTH 11142 RALEY CREEK DRIVE SOUTH JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 10164 CARRAGE CIRCLE SOUTH 2771-29 MONUMENT ROAD # 305 JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 FEI Number: 20-2295509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ATKINS, CHARLES R. CPA 4940 EMERSON STREET, STE. 100 JACKSONVILLE, FL 32207 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCGIVNEY, MICHAEL JOSEPH MCGIVNEY, MICHAEL JOSEPH Name: Name: 10164 CARRAGE CIRCLE SOUTH 11142 RALEY CREEK DRIVE SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225 VΡ Title: () Change () Addition Title: () Delete Name: STRICKLAND, HORACE BURNETT Name: 1013 CELEBRANT DRIVE Address: Address: JACKSONVILLE, FL 32225 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition STRICKLAND, KATHARINE M. Name: Name: 1013 CELEBRANT DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCGIVNEY, RÉNEE J. MCGIVNEY, RENEE J. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

11142 RALEY CREEK DRIVE SOUTH

JACKSONVILLE, FL 32225

SIGNATURE: RENEE J. MCGIVNEY T 04/17/2006