2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

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Entity Name: GOLD LEAF TREE SERVICE, INC.

Current Principal Place of Business:

11142 RALEY CREEK DRIVE SOUTH
JACKSONVILLE, FL 32225

New Principal Place of Business:

4940 EMERSON STREET, SUITE 100
JACKSONVILLE, FL 32207

Current Mailing Address:

2771-29 MONUMENT ROAD # 305
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-2295509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINS, CHARLES R. CPA
4940 EMERSON STREET, STE. 100
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: MCGIVNEY, MICHAEL JOSEPH
Address: 11142 RALEY CREEK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: STRICKLAND, HORACE BURNETT
Address: 1013 CELEBRANT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete
Name: STRICKLAND, KATHARINE M.
Address: 1013 CELEBRANT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete
Name: MCGIVNEY, RENEE J.
Address: 11142 RALEY CREEK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCGIVNEY, MICHAEL JOSEPH
Address: 10164 CARRAIGE CIRCLE S #1
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MICHAEL J MCGIVNEY P 03/30/2009

Electronic Signature of Signing Officer or Director — Date