

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027998

FILED  
Jan 31, 2008  
Secretary of State

**Entity Name:** TROPICAL PALMS TREE TRIMMING INC.

**Current Principal Place of Business:**

4976 SW LEIGHTON FARMS AVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2104  
PALM CITY, FL 34991

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARVEY, TAMERA  
4976 SW LEIGHTON FARMS AVE  
PALM CITY, FL 34990    US

**Name and Address of New Registered Agent:**

HARVEY, TIM  
4976 SW LEIGHTON FARMS AVE  
PALM CITY, FL 34990    US

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: TIM HARVEY

01/31/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: HARVEY, TAMERA L  
Address: 4976 SW LEIGHTON FARMS AVE  
City-St-Zip: PALM CITY, FL 34990

Title: VP                      ( ) Delete  
Name: HARVEY, TIM L  
Address: 4976 SW LEIGHTON FARMS AVE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P                      (X) Change ( ) Addition  
Name: HARVEY, TIM L  
Address: 4976 SW LEIGHTON FARMS AVE  
City-St-Zip: PALM CITY, FL 34990

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: TIM HARVEY

P

01/31/2008

Electronic Signature of Signing Officer or Director

Date