


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90001 020 \*\*\*150.00

<b>DOCUMENT # P05000113950</b>			
1. Entity Name <b>C &amp; C TREE SURGEONS, INCORPORATED</b>			
Principal Place of Business <b>45097 ARLINE ROAD CALLAHAN, FL 32011</b>		Mailing Address <b>45097 ARLINE ROAD CALLAHAN, FL 32011</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 1881</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>CALLAHAN, FL</b>	
Zip	Country	Zip <b>32011</b>	Country <b>NASSAU</b>
4. FEI Number <b>33-1100450</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BROWN, CHUCK 45097 ARLINE ROAD CALLAHAN, FL 32011</b>		7. Name and Address of New Registered Agent Name <b>CHUCK BROWN</b> Street Address (P.O. Box Number is Not Acceptable) <b>45097 Arline Road</b> <b>CALLAHAN</b> City <b>FL</b> Zip Code <b>32011</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 <b>Chuck Brown</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>June 19, 2006</b>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PRESIDENT CHUCK BROWN 45097 ARLINE ROAD CALLAHAN, FL 32011</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Chuck Brown</b>		Date <b>June 19, 2006</b> Daytime Phone # <b>904 708-5097</b>	