

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113950

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** C & C TREE SURGEONS, INCORPORATED

**Current Principal Place of Business:**

45097 ARLINE ROAD  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1881  
CALLAHAN, FL 32011

**New Mailing Address:**

**FEI Number:** 33-1100450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, CHUCK  
45097 ARLINE ROAD  
CALLAHAN, FL 32011 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, CHUCK  
Address: 45097 ARLINE RD  
City-St-Zip: CALLAHAN, FL 32011

I hereby 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 all other like empowered.

SIGNATURE: CHUCK BROWN

PRES

04/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date