

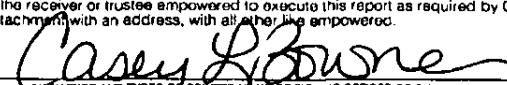


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90324 003 \*\*\*150.00

<b>DOCUMENT # P05000120395</b>					
1. Entity Name <b>B &amp; GS' TREE SERVICE, INC. OF CENTRAL FLORIDA</b>					
Principal Place of Business <b>13445 NE 49TH TERRACE ANTHONY, FL 32617</b>			Mailing Address <b>13445 NE 49TH TERRACE ANTHONY, FL 32617</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>72-1606228</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BOWMAN, CASEY L 13445 NE 49TH TERRACE ANTHONY, FL 32617</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 				DATE <b>4/28/06</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, KRISTIAN T		NAME		
STREET ADDRESS	13445 NE 49TH TERRACE		STREET ADDRESS		
CITY- ST- ZIP	ANTHONY, FL 32617		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILMORE, JUSTIN M		NAME		
STREET ADDRESS	350 NE 155TH STREET ROAD		STREET ADDRESS		
CITY- ST- ZIP	CITRA, FL 32113		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILMORE, WILTON L JR.		NAME		
STREET ADDRESS	PO BOX 391		STREET ADDRESS		
CITY- ST- ZIP	LOWELL, FL 32663		CITY- ST- ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, CASEY L		NAME		
STREET ADDRESS	13445 NE 49TH TERRACE		STREET ADDRESS		
CITY- ST- ZIP	ANTHONY, FL 32617		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 				DATE: <b>4/28/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66018458



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