


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90324 003 ***150.00

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

66018458



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4. FEI Number **72-1606228** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

4/28/06

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