

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120395

FILED
Apr 26, 2007
Secretary of State

Entity Name: B & GS' TREE SERVICE, INC. OF CENTRAL FLORIDA

Current Principal Place of Business:

13445 NE 49TH TERRACE
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

13445 NE 49TH TERRACE
ANTHONY, FL 32617

New Mailing Address:

FEI Number: 72-1606228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, CASEY L
13445 NE 49TH TERRACE
ANTHONY, FL 32617 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BOWMAN, KRISTIAN T
Address: 13445 NE 49TH TERRACE
City-St-Zip: ANTHONY, FL 32617

Title: P () Delete
Name: GILMORE, JUSTIN M
Address: 350 NE 155TH STREET ROAD
City-St-Zip: CITRA, FL 32113

Title: VP () Delete
Name: GILMORE, WILTON L JR.
Address: PO BOX 391
City-St-Zip: LOWELL, FL 32663

Title: SEC () Delete
Name: BOWMAN, CASEY L
Address: 13445 NE 49TH TERRACE
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTIAN T. BOWMAN

VP

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date