


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90006 030 ***150.00

DOCUMENT # P05000121567 1. Entity Name WOODARD BROTHERS TREE SERVICE, INC.					
Principal Place of Business 880 HIBISCUS STREET ATLANTIC BEACH, FL 32233			Mailing Address 880 HIBISCUS STREET ATLANTIC BEACH, FL 32233		
2. Principal Place of Business 1829 Kings Way Suite, Apt. #, etc.		3. Mailing Address 1829 Kings Way Suite, Apt. #, etc.			
City & State Neptune Beach, FL Zip 32266		City & State Neptune Beach, FL Zip 32266		4. FEI Number 34-2054773	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent WOODARD, TROY 880 HIBISCUS STREET ATLANTIC BEACH FL, FL 32233			7. Name and Address of New Registered Agent Name Brian Woodard Street Address (P.O. Box Number is Not Acceptable) 12520 Pulewski Rd. City Jacksonville, FL Zip Code 32218		
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 Brian R. Woodard DATE 08-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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	PRES WOODARD, TROY 880 HIBISCUS STREET ATLANTIC BEACH, FL 32233	<input checked="" 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	VP WOODARD, BRIAN 1829 KINGS WAY NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brian Woodard 12520 Pulewski Rd Jacksonville, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WOODARD, TROY 880 HIBISCUS STREET ATLANTIC BEACH, FL 32233	<input checked="" 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	TREA WOODARD, BRIAN 1829 KINGS WAY NEPTUNE BEACH, FL 32266	<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
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: Brian R. Woodard <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8-17-06 <small>Daytime Phone #</small>		