2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 04, 2009
Secretary of State

DOCUMENT# P05000129671

Entity Name: EAST COAST TREE SERVICES, INC.

Current Principal Place of Business:

110 FINLAND STREET
PALM BAY, FL 32908 US

New Principal Place of Business:

Current Mailing Address:

1290 ASHBORO CIR, SE
PALM BAY, FL 32909

New Mailing Address:

110 FINLAND STREET
PALM BAY, FL 32908 US

FEI Number: 20-3507944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAYS, CECIL
110 FINLAND STREET
PALM BAY, FL 32908 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: DPS ( ) Delete
Name: BAYS, CECIL
Address: 110 FINLAND STREET
City-St-Zip: PALM BAY, FL 32908 US

Title: DT ( ) Delete
Name: KRALL, RICHARD J III
Address: 1290 ASHBORO CIRCLE SE
City-St-Zip: PALM BAY, FL 32909 US

Title: D (X) Delete
Name: BAYS, MARY R
Address: 110 FINLAND STREET
City-St-Zip: PALM BAY, FL 32908

Title: D (X) Delete
Name: KRALL, CHRISTINA L
Address: 1290 ASHBORO CIRCLE SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: BAYS, CECIL
Address: 110 FINLAND STREET
City-St-Zip: PALM BAY, FL 32908 US

Title: D (X) Change ( ) Addition
Name: BAYS, MARY R
Address: 110 FINLAND STREET
City-St-Zip: PALM BAY, FL 32908

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 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: CECIL BAYS DPST 09/04/2009

Electronic Signature of Signing Officer or Director — Date