


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000000796 1. Entity Name GOULD ARBORIST, INC.	
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Principal Place of Business 7300 RICHARDSON ROAD SARASOTA, FL 34240	Mailing Address 7300 RICHARDSON ROAD SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1263709	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOULD, ROBERT H 7300 RICHARDSON ROAD SARASOTA, FL 34240
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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1100000047506
03/06/07-80075-016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOULD, ROBERT H 7300 RICHARDSON ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC GOULD, EVELYN J 7300 RICHARDSON ROAD SARASOTA, FL 34240
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IN THIS SPACE**

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: Evelyn J. Gould V.P. Evelyn J. Gould 15 Feb 07 941.3712646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #