

2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-20-2007 90201 050 ***150.00

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2007 APR 26 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P06000020991			
1. Entity Name TOP NOTCH TREE AND LAND SERVICES, INC.			
Principal Place of Business 2509 E. KNIGHTS-GRIFFIN ROAD PLANT CITY, FL 33565 US		Mailing Address 2509 E. KNIGHTS-GRIFFIN ROAD PLANT CITY, FL 33565 US	
2. Principal Place of Business - No P.O. Box # 4920 Traskwood Ct Suite, Apt. #, etc.		3. Mailing Address 4920 Traskwood Ct Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
4. FEI Number 20-4303218		Applied For <input type="checkbox"/> Not Applicable	
Zip 33624		Country US	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent HUMFELD, IAN T 2509 E. KNIGHTS-GRIFFIN ROAD PLANT CITY, FL 33565		7. Name and Address of New Registered Agent Name: Thomas Brady Street Address (P.O. Box Number is Not Acceptable): 4920 Traskwood Ct City: Tampa FL Zip Code: 33624	
6. 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>Thomas Brady</i> DATE: 4-6-07 <small>Signature, typed or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when re-issuing)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADY, BETH C <input type="checkbox"/> Delete 4920 TRASKWOOD CT TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADY, THOMAS R <input type="checkbox"/> Delete 4920 TRASKWOOD CT TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP WISPAES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUMFELD, IAN T <input checked="" type="checkbox"/> Delete 2509 E. KNIGHTS-GRIFFIN ROAD PLANT CITY, FL 33565	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUMFELD, DEBORAH A <input checked="" type="checkbox"/> Delete 2509 KNIGHTS-GRIFFIN ROAD PLANT CITY, FL 33565	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 B. 5/4/07
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 information.			
SIGNATURE: <i>John C. Brady</i>		Date: 4/6/07 Daytime Phone #: 813 781-3392	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	