


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90055 043 \*\*\*158.75

<b>DOCUMENT # P06000026199</b>		
1. Entity Name COASTAL TREE SERVICE OF SOUTH FLORIDA, INC.		

Principal Place of Business 250 S W 52ND STREET OCALA, FL 34474	Mailing Address 250 S W 52ND STREET OCALA, FL 34474
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2. Principal Place of Business - No P.O. Box # <b>250 S. W. 52nd St.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OCALA</b>	City & State
Zip <b>34474</b>	Country <b>U.S.A.</b>
Zip <b>34474</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent  LUCKETT, JOHN K 250 S W 52ND STREET OCALA, FL 34474		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 <b>John K. Luckett</b> <small>Signature, typed or printed name of registered agent and true if applicable</small>	<b>John K. Luckett</b> <b>2-17-07</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCKETT, JOHN K 250 S W 52ND STREET OCALA, FL 34474 <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
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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.	
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SIGNATURE: <b>John K. Luckett</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>John K. Luckett</b> <small>Date</small> <b>2-17-07</b> <small>Daytime Phone #</small> <b>954-553-3433</b>
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40021682



02162007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4308589</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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