2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE: \_

## Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P06000044309 04-24-2007 90015 012 \*\*\*150.00 CREATIONS BY CLYDE AND SON TREE MAINTENANCE INC. Principal Place of Business Mailing Address 7980 37TH ST 7980 37TH ST VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-4588395 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCENT, CLYDE R 7980 37TH ST Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32966 Zip Code 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 Signatural typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE. □ Delete TITLE ☐ Change ■ Addition SCENT, CLYDE R NAME NAME 7980 37TH ST STREET ADDRESS STREET ADDRESS VERO BEACH FL 32966 CITY-ST-ZIP CITY ST-7/P VPD ☐ Delete mil ☐ Change ☐ Addition SCENT, TRAVIS NAME 8115 102ND AVE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32967 CITY - ST - ZIP CITY+ST-ZIP JSD щ TITLE Detele ☐ Change ☐ Addition SCENT, JENNIFER NAME NAMI 7980 37TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32966 CITY-ST ZIP Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY: ST- ZIP IffilE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE COY-ST ZIP ☐ Delele THE ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 prior like empowered.