

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000044309**

1. Entity Name  
**CREATIONS BY CLYDE AND SON TREE MAINTENANCE  
INC.**



Principal Place of Business  
**7980 37TH ST  
VERO BEACH, FL 32966**

Mailing Address  
**7980 37TH ST  
VERO BEACH, FL 32966**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4588395**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCENT, CLYDE R  
7980 37TH ST  
VERO BEACH, FL 32966**

**DO NOT WRITE  
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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SCENT, CLYDE R
STREET ADDRESS	7980 37TH ST
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	VPD
NAME	SCENT, TRAVIS
STREET ADDRESS	8115 102ND AVE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	TSD
NAME	SCENT, JENNIFER
STREET ADDRESS	7980 37TH ST
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000826024  
02/21/08-80033-010 150.00

**DO NOT WRITE  
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:

*Clyde R. Scent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/08*  
Date

*772-538-1036*  
Daytime Phone #