

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90036 035 \*\*\*150.00

<b>DOCUMENT # P06000121796</b>	
1. Entity Name <b>COMPETITIVE TREE SERVICES, INC</b>	

Principal Place of Business <b>3109 NANCY ST ORLANDO, FL 32806</b>	Mailing Address <b>3109 NANCY ST ORLANDO, FL 32806</b>
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40040640

2. Principal Place of Business - No P.O. Box # <b>2606 E Crystal Lake Ave</b>	3. Mailing Address <b>2606 E Crystal Lake Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02172008 Chg-P CR2E034 (12/06)

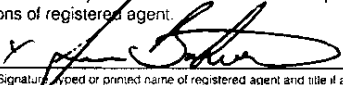
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32806</b>	Country
Zip <b>32806</b>	Country

4. FEI Number <b>20-5588109</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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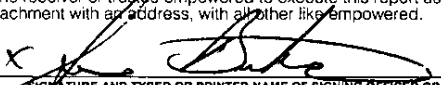
6. Name and Address of Current Registered Agent <b>BURTON, SAMUEL L 3109 NANCY ST ORLANDO, FL 32806</b>	
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7. Name and Address of New Registered Agent Name <b>Samuel L Burton</b> Street Address (P.O. Box Number is Not Acceptable) <b>2606 E Crystal Lake Ave</b> City <b>Orlando</b> FL Zip Code <b>32806</b>	
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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  DATE <b>2/17/08</b>	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 BURTON, SAMUEL L 3109 NANCY ST ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Burton, Samuel L</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2606 E Crystal Lake Ave</b> <b>Orlando, FL 32806</b>
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
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
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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>2/17/08</b> Daytime Phone #