



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90375 018 ***150.00

DOCUMENT # P06000138379 1. Entity Name NATURES CALL TREE AND TRACTOR SERVICE, INC.					
Principal Place of Business 49 BLACK ALDER DRIVE PALM COAST, FL 32137			Mailing Address 49 BLACK ALDER DRIVE PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box # 2 CHATSWORTH ST Suite, Apt. #, etc.		3. Mailing Address 2 CHATSWORTH ST Suite, Apt. #, etc.			
City & State FLAGLER BEACH		City & State FLAGLER BEACH		4. FEI Number 59-3606875	
Zip 32136		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIKES, ROBERT C 49 BLACK ALDER DRIVE PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name ROBERT C SIKES Street Address (P.O. Box Number is Not Acceptable) 2 CHATSWORTH STREET City FLAGLER BEACH FL Zip Code 32136		
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 <u>Robert C. Sikes 4/23/08</u> DATE <u>4/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 SIKES, ROBERT C 1444 BERRYBUSH ST BUNNELL, FL 32110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 CHATSWORTH ST FLAGLER BEACH FL 32136	
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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: <u>Robert C. Sikes 4/23/08</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					