


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90033 014 \*\*\*158.75

<b>DOCUMENT # P07000011621</b>					
1. Entity Name <b>J &amp; N TREE TRIMMING &amp; REMOVAL CORP.</b>					
Principal Place of Business <b>5452 NW SOUTH CRISONA CT. PORT ST. LUCIE, FL 34986 US</b>			Mailing Address <b>5452 NW SOUTH CRISONA CT. PORT ST. LUCIE, FL 34986 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>32-019 4942</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MCCALL, JOSEPH 5452 NW SOUTH CRISONA CT. PORT ST. LUCIE, FL 34986</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARD, NICOLE		NAME		
STREET ADDRESS	5452 NW SOUTH CRISONA CT.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCALL, JOSEPH		NAME		
STREET ADDRESS	5452 NW SOUTH CRISONA CT.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARD, NICOLE		NAME		
STREET ADDRESS	5452 NW SOUTH CRISONA CT.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP		
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NAME	MCCALL, JOSEPH		NAME		
STREET ADDRESS	5452 NW SOUTH CRISONA CT.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an officer like empowered.					
SIGNATURE: _____			01/07/08 772-708-7804		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		