

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000054126

**FILED  
Jan 08, 2008  
Secretary of State**

**Entity Name:** JEFFENSON'S TREE SERVICE AND LANDSCAPE MAINTENANCE INC.

**Current Principal Place of Business:**

814 GROVESMERE LOOP  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

814 GROVESMERE LOOP  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:** 01-0896967      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOLLMER, LISA  
814 GROVESMERE LOOP  
OCOEE, FL 34761    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VOLLMER, TYLER  
Address: 814 GROVESMERE LOOP  
City-St-Zip: OCOEE, FL 34761

Title: VP ( ) Delete  
Name: VOLLMER, LISA  
Address: 814 GROVESMERE LOOP  
City-St-Zip: OCOEE, FL 34761

Title: VP ( ) Delete  
Name: VOLLMER, MORGAN  
Address: 814 GROVESMERE LOOP  
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete  
Name: VOLLMER, JEFF  
Address: 944 PONCE DE LEON  
City-St-Zip: STOCKTON, CA 95209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA VOLLMER

VP

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date