

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054126

FILED  
May 03, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LISA VOLLMER

VP

05/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date