

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058000

Entity Name: CROWN TREECARE INC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

27451 SPRING VALLEY ROAD
EUSTIS, FL 32736- US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1658
SORRENTO, FL 327768461 US

New Mailing Address:

FEI Number: 26-0169887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSTAVSSON, HAROLD
3837 TOWNSHIP SQ BLVD
APT 312
ORLANDO, FL 32837 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HACKNEY, CLAYTON
Address: 27451 SPRING VALLEY RD
City-St-Zip: EUSTIS, FL 32736 US

Title: VP () Delete
Name: WELCH, ROBERT
Address: 27451 SPRING VALLEY RD
City-St-Zip: EUSTIS, FL 32736 US

Title: T () Delete
Name: GUSTAVSSON, HAROLD
Address: 3837 TOWNSHIP SQ BLVD
City-St-Zip: ORLANDO, FL 32837 US

Title: S () Delete
Name: HACKNEY, LINDA
Address: 27451 SPRING VALLEY RD
City-St-Zip: EUSTIS, FL 32736 US

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: CLAYTON HACKNEY

Electronic Signature of Signing Officer or Director

PRES

05/01/2008

Date