


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90408 031 \*\*\*150.00

<b>DOCUMENT # P07000072441</b> 1. Entity Name <b>LAFONTAINE TREE CARE, INC.</b>																											
Principal Place of Business <b>3822 COCONUT RD REAR HOUSE LAKE WORTH, FL 33461</b>		Mailing Address <b>PO BOX 6845 WEST PALM BEACH, FL 33405</b>																									
2. Principal Place of Business - No P.O. Box # <b>3822 Coconut Rd.</b>		3. Mailing Address <b>P.O. Box 6845</b>																									
Suite, Apt. #, etc. <b>REAR House</b>		Suite, Apt. #, etc. 																									
City & State <b>Lake Worth, FL.</b>		City & State <b>West Palm Beach</b>																									
Zip <b>33461</b>		Zip <b>FL 33405</b>																									
Country <b>U.S.</b>		Country <b>U.S.</b>																									
4. FEI Number <b>26-0404176</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>LAFONTAINE, DAVID K 3822 COCONUT RD REAR HOUSE LAKE WORTH, FL 33461</b>		7. Name and Address of New Registered Agent Name <b>David K. Lafontaine</b> Street Address (P.O. Box Number is Not Acceptable) <b>3822 COCONUT RD.</b> City <b>Lake Worth, FL</b> Zip Code <b>33461</b>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>LAFONTAINE, DAVID K</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3822 COCONUT RD, REAR HOUSE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LAKE WORTH, FL 33461</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	<b>LAFONTAINE, DAVID K</b>	<input type="checkbox"/>	STREET ADDRESS	<b>3822 COCONUT RD, REAR HOUSE</b>		CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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.																											
<b>SIGNATURE: David K. Lafontaine</b> <b>David K. Lafontaine</b> 3/23/08/561/635-7773																											