

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097516

Entity Name: TARZAN TREE CARE INC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

22976 BLUEGILL LANE
CUDJOE KEY, FL 33042 US

New Principal Place of Business:

Current Mailing Address:

22976 BLUEGILL LANE
CUDJOE KEY, FL 33042 US

New Mailing Address:

FEI Number: 26-0831176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, MARY BETH CPA
3201 FLAGLER AVENUE
SUITE 506
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

DOWNS, NICOLAS P
22864 OVERSEAS HIGHWAY
CUDJOE KEY, FL 33042 US

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: NICOLAS DOWNS

04/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOWNS, NICOLAS
Address: 22976 BLUEGILL LANE
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: TS () Delete
Name: DOWNS, SANDRA
Address: 22976 BLUEGILL LANE
City-St-Zip: CUDJOE KEY, FL 33042 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NICOLAS DOWNS

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date