

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014643

FILED
Jan 29, 2009
Secretary of State

Entity Name: J.A. WEAVER'S JAWS TREE SERVICE, INC.

Current Principal Place of Business:

4207 W BAY VIEW AVE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130175
TAMPA, FL 336810175 US

New Mailing Address:

FEI Number: 59-3164854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, JAMES A
4207 W BAY VIEW AVE
TAMPA, FL 33611 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: PRES () Delete
Name: WEAVER, JAMES A
Address: 4207 W BAY VIEW AVE
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: WEAVER, DEBORAH D
Address: 4207 W BAY VIEW AVENUE
City-St-Zip: TAMPA, FL 33611

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: DEBORAH DAYAN WEAVER

T

01/29/2009

Electronic Signature of Signing Officer or Director

Date