## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 26, 2008 8:00 am Secretary of State

1. Entity Nam	DOCUMENT # P93000036528  i. Entity Name "FLORIDA LIVING" TREE SERVICE, INC.							03-26-2008 9	00022 011	***150	).00
Principal Place of Business Mailing Address						·	<i>-</i>	•			1
6210 NW 77TH STREET Gainesville, FL 32653 US				6210 NW 77TH STREET Gainesville, Fl 32653 US							alija. Baraktaka
							· ·	 			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	01042008	Chg-P	CR2E034	1 (12/06)		
City & State				City & State		4. FEI Numb 59-318				pplied For • · ot Applicable	
Zip	Country			Zìp Coun		try	5. Certificate of Status Desired			\$8.75 Additional	
6. Name and Address of Current				tered Agent	7. Name and Address of New Registered Agent						
MARRERO, JEFFREY T						Name					
4908 NW 34TH STREET SUITE 5						Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE, FL 32605						City					
9. The above partied antity submits this statement for the surgeon of shooting in accious						City FL Zip Code					
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_	Signaturi, typed	or phylitely name of registrated	agent and title	if applicable (NOT)	d Agent signature required	d when reinstation)		DATE	20	<u>8</u>	
	13 V **	<u> </u>						-			
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution.							.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS  PVST				11. Tittu	<u> </u>	ADDITIONS	CHANGES TO OFFI		DIRECTOR  Change	S IN 11
NAME STREET ADDRESS	MARRERO, JEFFREY T 4908 NW 34 ST., STE 5			NAME					•		
CiTY-ST-ZIP	GAINESVILLE, FL 32605					-ST-ZIP					
TITLE NAME				☐ Delete	TITL NAM				1	☐ Change	☐ Addition
STREET ADDRESS	STR					EET ADDRESS					
CITY-ST-ZIP TITLE				☐ Delete	TITL	-ST-ZIP				☐ Change	☐ Addition
NAME				_ 50.00	NAM	E			•		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					e .
TITLE NAME				☐ Delete	TITL			•		Change	Addition
STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP				☐ Delete	TITL	-ST-ZIP				Change	☐ Addition
NAME				_ bout	NAM	E			•	c.io.igc	17.000.00
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE				☐ Delete	TITL				(	Change	☐ Addition
NAME STREET ADDRESS						ET ADDRESS					•
CITY-ST-ZIP	pertify that th	e information supplier	with this f	iling does not qualify fo		-ST-ZIP emptions contained	d in Chapter 11	9 Florida Statutes I	further certify	v that the	information
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.											

Mar

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**