

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90021 045 \*\*\*150.00

**DOCUMENT # P93000040925**

1. Entity Name

**NORTH FLORIDA ARBORIST INC.**



Principal Place of Business

**8713 MANCHESTER COURT  
TALLAHASSEE FL 32311**

Mailing Address

**8713 MANCHESTER COURT  
TALLAHASSEE FL 32311**



2. Principal Place of Business

**4620 BUTTERCUP WAY**

3. Mailing Address

**4620 BUTTERCUP WAY**

1st MOORE

CR2E034 (10/05)

City & State

**TALLAHASSEE, FL**  
Zip **32311** Country **LEON**

City & State

**TALLAHASSEE, FLORIDA**  
Zip **32311** Country

4. FEI Number

**59-3186308**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PIESCHACON, LANI  
8713 MANCHESTER COURT  
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

**PIESCHACON, LANI**

Street Address (P.O. Box Number is Not Acceptable)

**4620 BUTTERCUP WAY**

City

**TALLAHASSEE**

FL

Zip Code

**32311**

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

*Lani Pieschacon*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/24/06**

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PIESCHACON, LANI	
STREET ADDRESS	8713 MANCHESTER CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PIESCHACON, DAMIAN	
STREET ADDRESS	8713 MANCHESTER CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIESCHACON, LANI	
STREET ADDRESS	4620 BUTTERCUP WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIESCHACON, DAMIAN	
STREET ADDRESS	4620 BUTTERCUP WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Lani Pieschacon*, LANI PIESCHACON PRESIDENT  
2/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #