


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90013 044 ***150.00

DOCUMENT # P94000010006

1. Entity Name
TREE MEDIC TREE SURGEONS, INC.




Principal Place of Business Mailing Address
 120 CROOKED TREE TRAIL 120 CROOKED TREE TRAIL
 SAINT AUGUSTINE, FL 32086 US SAINT AUGUSTINE, FL 32086 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2779 US 1 S. **120 Crooked Tree Trail**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Augustine, FL **St. Augustine, FL**
 Zip Country Zip Country
32086 **USA** **32086** **USA**

40008994



01222007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0470681 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UPCHURCH, H. DAVIS JR
UPCHURCH & ESPOSITO, P.A.
1510 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPP	<input type="checkbox"/> Delete
NAME	CONLON, EDWARD P	
STREET ADDRESS	6912 CYPRESS LAKE COURT	
CITY - ST - ZIP	ST. AUGUSTINE, FL 32086	
TITLE	OFFICE MGR.	<input type="checkbox"/> Delete
NAME	Deanna HUNTER	
STREET ADDRESS	2779 US 1 S Ste A	
CITY - ST - ZIP	St. Augustine, FL 32086	
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		<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
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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 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

SIGNATURE: Deanna Hunter 1/23/07 904-794-0003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #