

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010006

FILED
Apr 21, 2009
Secretary of State

Entity Name: TREE MEDIC TREE SURGEONS, INC.

Current Principal Place of Business:

2779 US 1 S
STE A
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

120 CROOKED TREE TRAIL
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 65-0470681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

CONLON, EDWARD P
120 CROOKED TREE TRAIL
ST. AUGUSTINE, FL 32086 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: EDWARD CONLON

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPP () Delete
Name: CONLON, EDWARD P
Address: 6912 CYPRESS LAKE COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: HUNTER, DEANNA
Address: 2779 US 1 S STE A
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPP (X) Change () Addition
Name: CONLON, EDWARD P
Address: 120 CROOKED TREE TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

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: DEANNA HUNTER

MRS.

04/21/2009

Electronic Signature of Signing Officer or Director

Date