


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**✓ # 1021  
\$150  
4/20/07**FILED**  
**Apr 23, 2007 08:0**  
**Secretary of St**

<b>DOCUMENT # P95000056135</b>		
1. Entity Name <b>JOHN'S STUMP REMOVAL, INC.</b>		
Principal Place of Business <b>1621 SUMMERDALE DR CLEARWATER, FL 33764 US</b>	Mailing Address <b>1621 SUMMERDALE DRIVE SOUTH CLEARWATER, FL 33764 US</b>	



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0597390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**VAILLANCOURT, JOHN**  
**1621 SUMMERDALE DRIVE SOUTH**  
**CLEARWATER, FL 33764**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(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 <b>P</b>	<b>VAILLANCOURT, JOHN</b> <b>1621 SUMMERDALE DRIVE SOUTH</b> <b>CLEARWATER, FL 33764</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>VAILLANCOURT, KELLY</b> <b>1621 SUMMERDALE DRIVE SOUTH</b> <b>CLEARWATER, FL 33764</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 05/01/07-80149-023 150.00

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:** Kelly Vaillancourt  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 (727) 532-0505  
 Date Daytime Phone #