


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Check # 2093  
4/15/08  
\$150

**FILED**

Apr 17, 2008 08:00 AM  
Secretary of State

DOCUMENT # P95000056135	
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1. Entity Name  
JOHN'S STUMP REMOVAL, INC.

Principal Place of Business 1621 SUMMERDALE DR CLEARWATER, FL 33764 US	Mailing Address 1621 SUMMERDALE DRIVE SOUTH CLEARWATER, FL 33764 US
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01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0597390	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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04/30/08-80028-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/15/08  
Date

Daytime Phone