

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000065929**

1. Entity Name

A-1 TREE EXPERTS, INC.



Principal Place of Business

231 WOODCREST DR  
FT PIERCE FL 34945

Mailing Address

231 WOODCREST DR  
FT PIERCE FL 34945



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0626656

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGEL, DONALD  
231 WOODCREST DR  
FT PIERCE FL 34945

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☐ Delete  
NAME: LANGEL, DONALD  
STREET ADDRESS: 231 WOODCREST DR  
CITY-ST-ZIP: FT PIERCE FL 34945

TITLE: ☐ Change ☐ Add  
NAME: **000000411023**  
STREET ADDRESS: **02/09/06-80060-009**  
CITY-ST-ZIP: **150.00**

TITLE: V ☐ Delete  
NAME: LANGEL, DONALD II  
STREET ADDRESS: 1841 FAIRFIELD  
CITY-ST-ZIP: PORT ST LUCIE FL 34983

TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

TITLE: ST ☐ Delete  
NAME: LANGEL, LINDA  
STREET ADDRESS: 1841 FAIRFIELD  
CITY-ST-ZIP: PORT ST LUCIE FL 34983

TITLE: ☐ Change ☐ Add  
NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Change ☐ Add  
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NAME: ☐ Change ☐ Add  
STREET ADDRESS: ☐ Change ☐ Add  
CITY-ST-ZIP: ☐ Change ☐ Add

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:

*Linda Langel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/06* *772-464-4977*  
Date Daytime Phone #