

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096939

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** TOWN AND COUNTRY TREE TRIMMING AND LANDSCAPE DESIGN, INC.

**Current Principal Place of Business:**

5243 PARISIENNE PLACE  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

5243 PARISIENNE PLACE  
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number:** 65-0713730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, FREDERIC  
5243 PARISIENNE PL  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

JACOBS, FREDRIC S  
5243 PARISIENNE PLACE  
SARASOTA, FL 34238 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:** SHARON JACOBS

01/06/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JACOBS, FREDERIC  
Address: 5243 PARISIENNE PL  
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete  
Name: JACOBS, SHARON  
Address: 5243 PARISIENNE PL  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JACOBS, FREDRIC S  
Address: 5243 PARISIENNE PL  
City-St-Zip: SARASOTA, FL 34238

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:** SHARON JACOBS

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date