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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90202 017 ***150.00

DOCUMENT # P97000032409

1. Entity Name
MID-FLORIDA TREE SERVICE, INC.

Principal Place of Business
10630 LELAND HAWES RD
THONOTOSASSA, FL 33592

Mailing Address
10630 LELAND HAWES RD
THONOTOSASSA, FL 33592

04162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11704 Jackson Rd	11704 Jackson Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Thonotosassa, Fl.	City & State: Thonotosassa, Fl.
Zip: 33592 Country: Hillsborough	Zip: 33592 Country: Hillsborough

4. FEI Number: 59-3446502 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DIANA M.
10630 LELAND HAWES ROAD
THONOTOSASSA, FL 33592

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 11704 Jackson Rd
City: Thonotosassa FL Zip Code: 33592

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 ________________ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, TIMOTHY K	NAME	
STREET ADDRESS	10630 LELAND HAWES RD	STREET ADDRESS	11704 Jackson Rd
CITY-ST-ZIP	THONOTOSASSA, FL 33592	CITY-ST-ZIP	Thonotosassa, Fl. 33592
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, DIANA M	NAME	
STREET ADDRESS	10630 LELAND HAWES RD	STREET ADDRESS	11704 Jackson Rd
CITY-ST-ZIP	THONOTOSASSA, FL 33592	CITY-ST-ZIP	Thonotosassa, Fl. 33592
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Diana Jones Diana Jones, Vice President 4/29/08 813-986-2258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #