

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063188

FILED
Apr 23, 2009
Secretary of State

Entity Name: MARTIN COUNTY TREE SURGEONS INC.

Current Principal Place of Business:

12864 HOBE HILLS DR
HOBE SOUND, FL 33455 US

New Principal Place of Business:

10550 SE GOMEZ AVE
HOBE SOUND, FL 33455 US

Current Mailing Address:

12864 HOBE HILLS DR
HOBE SOUND, FL 33455 US

New Mailing Address:

685 LEAPORT RD
VERONA, VA 24482 US

FEI Number: 65-0771977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMBER, EUGENE L PRES
12864 S.E. HOBE HILLS DR.
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

SHAMBER, EUGENE L PRES
10550 SE GOMEZ AVE
HOBE SOUND, FL 33455 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: EUGENE SHAMBER

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHAMBER, CHRISTINNA
Address: 12864 HOBE HILLS
City-St-Zip: HOBE SOUND, FL 33455

Title: P () Delete
Name: SHAMBER, EUGENE L
Address: 12864 HOBE HILLS DR
City-St-Zip: HOBE SOUND, FL 33455 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SHAMBER, CHRISTINNA
Address: 10550 SE GOMEZ AV
City-St-Zip: HOBE SOUND, FL 33455

Title: P (X) Change () Addition
Name: SHAMBER, EUGENE L
Address: 10550 SE GOMEZ AV
City-St-Zip: HOBE SOUND, FL 33455 US

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: EUGENE SHAMBER

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date