

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-06-2008 90042 048 ***150.00

DOCUMENT # P97000070259 1. Entity Name WILLIS TREE SERVICE, INC.																																																																											
Principal Place of Business 10626 TALL TIMBER LANE JACKSONVILLE FL 32218			Mailing Address 10626 TALL TIMBER LANE JACKSONVILLE FL 32218																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																									
City & State Zip Country		City & State Zip Country		4. FE Number 20-3081123																																																																							
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable																																																																							
6. Name and Address of Current Registered Agent WILLIS, STEPHEN 10626 TALL TIMBER LANE JACKSONVILLE FL 32218			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when not applicable.)																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>P WILLIS, STEPHEN</td> <td>10626 TALL TIMBER LANE</td> <td>JACKSONVILLE FL 32218</td> <td></td> </tr> <tr> <td></td> <td>S WILLIS, STACY</td> <td>10626 TALL TIMBER LANE</td> <td>JACKSONVILLE FL 32218</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		P WILLIS, STEPHEN	10626 TALL TIMBER LANE	JACKSONVILLE FL 32218			S WILLIS, STACY	10626 TALL TIMBER LANE	JACKSONVILLE FL 32218						☐ Delete					☐ Delete					☐ Delete					☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition																														
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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: <u>Stacy Willis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-18-08 9047240548 Date Day, No Prefix																																																																								