

P97000077346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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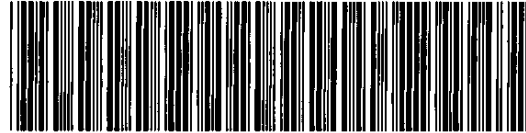
(Business Entity Name)

(Document Number)

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06/27/06--01020--008 **376.50

FILED
06 JUN 22 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Residential Realty Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P97000077346

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia L. Donley
(Name of Person)

First Residential Realty Services, Inc
(Name of Firm/Company)

760 S Volusia Ave
(Address)

Orange City FL 32763
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia L. Donley at (386) 775-1100
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RECEIVED
JUN 22 AM 8:00
CR25046 (06/05)
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION****FILED**
06 JUN 22 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Gregory Ruckert

(Name of Registered Agent)

hereby resigns as Registered Agent for First Residential Realty Services, Inc.

(Name of Corporation)

P97000077346

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 443322

1. Entity Name
SOUTHERN COMFORT TREE PRUNING SPECIALISTS,
INC.



Principal Place of Business
921 SE 16TH COURT
DEERFIELD BEACH, FL 33441

Mailing Address
921 SE 16TH COURT
DEERFIELD BEACH, FL 33441

2. Principal Place of Business
2920 NW 2ave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 5367
Suite, Apt. #, etc.



06162008 Chg-P CR2E034 (11/05)

City & State
Pompano Beach FL
Zip
33064
Country
Broward

City & State
Lighthouse Point FL
Zip
33074
Country
Broward

4. FEI Number
59-1511519
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEHRKE-BARONE, NICOLE D.
921 SE 16TH COURT
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
Garay R. Nehrke
Street Address (P.O. Box Number is Not Acceptable)
2920 NW 2ave

City
Pompano Beach FL Zip Code
33064

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
Garay R. Nehrke
Signature typed or printed name of registered agent and title if applicable

6-16-06
DATE

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
VP
NAME
NEHRKE, MARGARET T.
STREET ADDRESS
2920 NW 2ND AVENUE
CITY-ST-ZIP
POMPAHO BEACH, FL 33064 ☒ Delete

TITLE
NAME
PMS
NEHRKE, GAREY R.
STREET ADDRESS
2920 NW 2ND AVENUE
CITY-ST-ZIP
POMPAHO BEACH, FL 33064 ☐ Delete

TITLE
NAME
ST
NEHRKE-BARONE, NICOLE D
STREET ADDRESS
921 SE 16TH COURT
CITY-ST-ZIP
DEERFIELD BEACH, FL 33441 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
VP, PMS, ST.
Nehrke Garay R
STREET ADDRESS
2920 NW 2ave
CITY-ST-ZIP
Pompano Beach FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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
Garay R. Nehrke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-06
Date

954-942-9676
Daytime Phone #

FILED

06 JUN 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA