

P 97000077346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

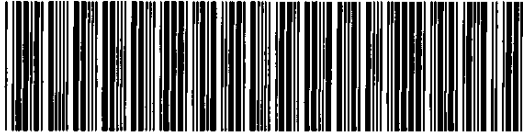
(Business Entity Name)

(Document Number)

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*PA Resign
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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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
CR2E046(08/05)
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

FILED

06 JUN 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		3. Mailing Address PO Box 5367	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach FL		City & State Light house Point FL	
Zip 33064		Zip 33074	
Country Broward		Country Broward	
4. FEI Number 59-1511519		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Garey 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 Garey R. Nehrke <i>Garey R. Nehrke</i> DATE 6-16-06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	NEHRKE, MARGARET T. 2920 NW 2ND AVENUE POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE VP	NEHRKE, GAREY R. 2920 NW 2ND AVENUE POMPANO BEACH, FL 33064 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NEHRKE, GAREY R. 2920 NW 2ND AVENUE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE VP	NEHRKE, GAREY R. 2920 NW 2ND AVENUE POMPANO BEACH, FL 33064 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	NEHRKE-BARONE, NICOLE D 921 SE 16TH COURT DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE ST	NEHRKE-BARONE, NICOLE D 921 SE 16TH COURT DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	300076634353 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	06/27/06--01020--017 **105.00
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 Garey R. Nehrke <i>Garey R. Nehrke</i>		Date 6-16-06 Daytime Phone # 954-942-9676	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



06162006 Chg-P CR2E034 (11/05)