

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90043 027 \*\*\*150.00

**DOCUMENT # P99000001824**

1. Entity Name  
**GENERAL TREE & LAWN SERVICE OF COLLIER, INC.**



Principal Place of Business  
**1808 52ND ST. SW  
NAPLES, FL 34116**

Mailing Address  
**1808 52ND ST. SW  
NAPLES, FL 34116 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3549941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALZAMORA, NANCY  
1808 52ND ST. SW  
NAPLES, FL 34116**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 11

TITLE VP  
NAME ALZAMORA, GERARDO ☐ Delete  
STREET ADDRESS 1808 52ND ST. SW  
CITY-ST-ZIP NAPLES, FL 34116

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

TITLE PSTD  
NAME ALZAMORA, NANCY E ☐ Delete  
STREET ADDRESS 1808 52ND ST. SW  
CITY-ST-ZIP NAPLES, FL 34116

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

TITLE VP  
NAME ALZAMORA, JASON L ☐ Delete  
STREET ADDRESS 3290 BERMUDA ISLE CIR, #423  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3740 27th Ave N.E  
CITY-ST-ZIP Naples, FL 34120

TITLE VP  
NAME ALZAMORA, DAVID A ☐ Delete  
STREET ADDRESS 1808 52ND ST SW  
CITY-ST-ZIP NAPLES, FL 34116

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GERARDO ALZAMORA**

Date 1/24/05 Daytime Phone # 239-455-6930