

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

11 MAY 13 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **999000019560**

1. Entity Name

Tri County Tree Services, Inc.



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2. Principal Place of Business - No P.O. Box #

15616 CR 137

3. Mailing Address

15616 CR 137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Wellborn, FLORIDA

City & State

Wellborn, Florida

4. FEI Number

59-3560880

Applied For

Not Applicable

Zip

32094

Country

USA

Zip

32094

Country

USA

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

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7. Name and Address of Current Registered Agent

Name

Joseph Shirah

Street Address (P.O. Box Number is Not Acceptable)

15616 CR 137

City

Wellborn

FL

Zip Code

32094

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

tricitytree@windstream.net

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Shirah, Joseph, DP
12437 CR 137
Wellborn, FL 32094**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
Kellie Shirah
12437 CR 137
Wellborn, FL 32094**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000207265190
05/05/11--01027--005 **150.00

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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 on an attachment with an address, with all other like empowered, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Joseph Shirah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-11

DATE

386-963-5000

Daytime Phone #

5/13aw