

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058803

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: JAMES EVANS TREE SURGEONS, INC.

## Current Principal Place of Business:

9211 MAX-MIDDLEBURG RD.  
BALDWIN, FL 32234

## New Principal Place of Business:

320 FOXTAIL AVENUE  
MIDDLEBURG, FL 32068

## Current Mailing Address:

9211 MAX-MIDDLEBURG RD.  
BALDWIN, FL 32234

## New Mailing Address:

320 FOXTAIL AVENUE  
MIDDLEBURG, FL 32068

FEI Number: 59-3586613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, NORA M  
9211 MAX-MIDDLEBURG RD.  
BALDWIN, FL 32234 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EVANS, JAMES C PRES.  
Address: 9211 MAX-MIDDLEBURG RD.  
City-St-Zip: BALDWIN, FL 32234

Title: VP ( ) Delete  
Name: EVANS, NORA M V-PRES.  
Address: 9211 MAX-MIDDLEBURG RD.  
City-St-Zip: BALDWIN, FL 32234

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA M EVANS

VP

02/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date