


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90477 009 \*\*\*150.00

<b>DOCUMENT # P99000067875</b>	
1. Entity Name <b>SUTTON CONSULTING ARBORIST, INC.</b>	

Principal Place of Business <b>1432 SOUTH PALMWAY LAKE WORTH, FL 33460</b>	Mailing Address <b>1432 SOUTH PALMWAY LAKE WORTH, FL 33460</b>
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**50017642**

2. Principal Place of Business <b>11 So. I Street</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03032006 Chg-P CR2E034 (11/05)

City & State <b>LAKE WORTH, FL</b>	City & State
Zip <b>33460</b>	Country <b>USA</b>

4. FEI Number <b>65-0934699</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>SUTTON, JOHN 1432 SOUTH PALMWAY LAKE WORTH, FL 33460</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P SUTTON, JOHN 1432 SOUTH PALMWAY LAKE WORTH, FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <b>John Sutton</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/3/06</b> <small>Date</small>
	<small>Daytime Phone #</small>