

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S47128**

1. Entity Name  
W.J. & J. TREE SERVICE, INC.



Principal Place of Business  
2819 SW 14TH CT  
DEERFIELD BEACH, FL 33442 US

Mailing Address  
2819 SW 14TH CT  
DEERFIELD BEACH, FL 33442 US



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3062781

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PERLA, WAYNE J.  
2819 SW 14 COURT  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	P
NAME	PERLA, WAYNE J.
STREET ADDRESS	2819 SW 14TH CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	S
NAME	PERLA, DOLORES
STREET ADDRESS	2819 SW 14TH CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000245212  
02/28/05-80019-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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] Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05  
Date

9549437355  
Daytime Phone #