

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

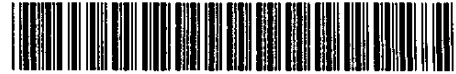
**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90038 027 \*\*\*158.75

<b>DOCUMENT # S84458</b>	
1. Entity Name <b>ALLSTATE TREE SERVICE, INC.</b>	



Principal Place of Business <b>2909 SOUTH 47 STREET TAMPA FL 33619 US</b>	Mailing Address <b>2909 S. 47 STREET TAMPA FL 33619 US</b>
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2. Principal Place of Business <b>5330 Causeway Blvd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>5330 CAUSEWAY BLVD.</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33619</b>	Zip <b>33619</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3095376</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RICHARDS, DOUGLAS L. 14011 LAKE MAGDALENE BLVD. TAMPA FL 33618</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 <i>[Signature]</i> <b>Rick Littler President</b>	DATE <b>2/7/06</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	PS LITTLER, RICK 1203 WINDERMERE WAY TAMPA FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, DOUGLAS L. 14011 LAKE MAGDALENE BLVD. TAMPA FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i> <b>Rick Littler President</b>	DATE <b>2/7/06</b> 813-247-7302