

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90149

FILED
Jan 24, 2007
Secretary of State

Entity Name: TONY'S TREE SERVICE, INC.

Current Principal Place of Business:

PO BOX 8123
HOBE SOUND, FL 33475 US

New Principal Place of Business:

10222 SE WILLIAMS DRIVE
HOBE SOUND, FL 33455 US

Current Mailing Address:

PO BOX 8123
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 65-0340869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDY, ANTHONY CARL
10222 SE WILLIAM DR
HOBE SOUND, FL 33475 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: PSDT () Delete
Name: HARDY, ANTHONY CARL,
Address: 10222 SE WILLIAM DR
City-St-Zip: HOBE SOUND, FL

Title: S (X) Delete
Name: HARDY, KIMBERLY
Address: P O BOX 8123
City-St-Zip: HOBE SOUND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change () Addition
Name: HARDY, ANTHONY CARL,
Address: 10222 SE WILLIAM DR
City-St-Zip: HOBE SOUND, FL 33455 US

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: ANTHONY C. HARDY

PSDT

01/24/2007

Electronic Signature of Signing Officer or Director

_____ Date