

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02126

FILED
Mar 19, 2009
Secretary of State

Entity Name: PHILS EXPERT TREE SERVICE, INC.

Current Principal Place of Business:

4221 NW 71 ST STREET
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970548
COCONUT CREEK, FL 33097 US

New Mailing Address:

FEI Number: 65-0305806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMEONE, PHILIP
6219 NW 79TH WAY
PARKLAND, FL 33067 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: PD () Delete
Name: SIMEONE, PHILIP
Address: 6219 NW 79TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: S () Delete
Name: SIMEONE, CHARLOTTE
Address: 711 RIVERSIDE DRIVE, APT. 1410
City-St-Zip: CORAL SPRINGS, FL 33071

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 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: CHARLOTTE SIMEONE

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03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date