

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000037606

Entity Name: PANORAMA TREE CARE, INC.**Current Principal Place of Business:**1315 OAKFIELD DR. SUITE 69
BRANDON, FL 33509**Current Mailing Address:**1315 OAKFIELD DR. SUITE 69
BRANDON, FL 33509 US**FEI Number: 27-2483715****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORTES, CLAUDIA M
1315 OAKFIELD DR. SUITE 69
BRANDON, FL 33509 US*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**Officer/Director Detail :**

Title	D
Name	CORTES, CLAUDIA M
Address	1315 OAKFIELD DR. STE# 69
City-State-Zip:	BRANDON FL 33509

Title	CEO
Name	PADGETT, TONY E
Address	1315 OAKFIELD DR SUITE 69
City-State-Zip:	BRANDON FL 33509

Title	S
Name	KESLER, HENRY
Address	1315 OAKFIELD DR SUITE 69
City-State-Zip:	BRANDON FL 33509

Title	AS
Name	FLANAGAN, JAMES P
Address	1315 OAKFIELD DR SUITE 69
City-State-Zip:	BRANDON FL 33509

Title	C
Name	JOHNSON, CHARLES B
Address	1315 OAKFIELD DR SUITE 69
City-State-Zip:	BRANDON FL 33509

Title	AS
Name	MORGAN, GREGORY D
Address	1315 OAKFIELD DR SUITE 69
City-State-Zip:	BRANDON FL 33509

I hereby 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 all other like empowered.

SIGNATURE: CLAUDIA M CORTES**D****03/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date