

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V02126

**Entity Name:** PHILS EXPERT TREE SERVICE, INC.

**Current Principal Place of Business:**

4221 NW 71 ST STREET  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

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

**FEI Number:** 65-0305806

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIMEONE, PHILIP R  
4221 NW 71 ST STREET  
COCONUT CREEK, FL 33073 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 PD  
Name SIMEONE, PHILIP R  
Address 4221 NW 71 ST STREET  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name SIMEONE, KRISTIN  
Address 4221 N.W. 71ST STREET  
City-State-Zip: COCONUT CREEK FL 33073

*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:** KRISTIN SIMEONE

VP

03/07/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date