


**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90058 013 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 807001</b>					
1. Entity Name <b>ASPLUNDH TREE EXPERT CO.</b>					
Principal Place of Business <b>BLAIR MILL ROAD WILLOW GROVE, PA 19090</b>			Mailing Address <b>BLAIR MILL ROAD WILLOW GROVE, PA 19090</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>23-1277550</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DWYER, JOSEPH P.		NAME		
STREET ADDRESS	419 SHOEMAKER WAY		STREET ADDRESS		
CITY-ST-ZIP	LANSDALE, PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASPLUNDH, JR., CARL J		NAME	<b>D CARL J ASPLUNDH, JR.</b>	
STREET ADDRESS	2670 SUGAN RD		STREET ADDRESS	<b>7049 ELY RD.</b>	
CITY-ST-ZIP	SOLEBURY, PA 18963		CITY-ST-ZIP	<b>SOLEBURY, PA 18963</b>	
TITLE	CB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASPLUNDH, CHRISTOPHER		NAME		
STREET ADDRESS	3700 BUCK ROAD		STREET ADDRESS		
CITY-ST-ZIP	HUNTINGDON VALLEY, PA		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASPLUNDH, SCOTT M		NAME		
STREET ADDRESS	708 BLAIR MILL RD		STREET ADDRESS		
CITY-ST-ZIP	WILLOW GROVE, PA 19090		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>EVP</b>	
STREET ADDRESS			STREET ADDRESS	<b>GEORGE E GRAHAM, JR.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>1820 VALLEY RD.</b>	
				<b>MEADOWBROOK, PA 19046</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joseph P. Dwyer* **JOSEPH P. DWYER, SECRETARY-TREAS.** 1/17/05