


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90070 034 ***558.75

DOCUMENT # P02000014953		
1. Entity Name ATLANTIC EXPERT LANDSCAPE & TREE SERVICES, INC.		
Principal Place of Business 5891 SO. MILITARY TRAIL, #5A LAKE WORTH FL 33463		Mailing Address 5891 SO. MILITARY TRAIL, #5A LAKE WORTH FL 33463
2. Principal Place of Business 5891 S. Military Tr	3. Mailing Address 5891 S. Military Tr.	
Suite, Apt. #, etc. SUITE 5A	Suite, Apt. #, etc. SUITE 5A	
City & State LAKE WORTH, FL	City & State LAKE WORTH, FL	
Zip 33463	Country U.S.A.	Country U.S.A.

34068217



MOORE CR2E034 (4/04)

4. FEI Number 37-1419678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRHLIN, JON DANIEL- 5891 SO. MILITARY TRAIL, #5A LAKE WORTH FL 33463		7. Name and Address of New Registered Agent Name Trhlin, Jon Daniel Street Address (P.O. Box Number is Not Acceptable) 5891 S. Military Tr. SUITE 5A City LAKE WORTH FL Zip Code 33463	
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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 **Jon Daniel Trhlin, President** (NOTE: Registered Agent signature required when reinstating)
 DATE **Aug. 2, 2004**

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TRHLIN, JON DANIEL		NAME	
STREET ADDRESS 5891 SO. MILITARY TRAIL, #5A		STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33463		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ROBINE, CRAIG EDWARD		NAME	
STREET ADDRESS 5891 SO. MILITARY TRAIL, #5A		STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33463		CITY-ST-ZIP	
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	
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	
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:  **August 2, 2004** 561-767-6147
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #