

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014953

FILED
Mar 28, 2005
Secretary of State

Entity Name: ATLANTIC EXPERT LANDSCAPE & TREE SERVICES, INC.

Current Principal Place of Business:

5891 SO. MILITARY TRAIL
STE 5A
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5891 SO. MILITARY TRAIL
STE 5A
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 37-1419678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRHLIN, JON DANIEL
5891 SO. MILITARY TRAIL
STE 5A
LAKE WORTH, FL 33463 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: D () Delete
Name: TRHLIN, JON DANIEL
Address: 5891 SO. MILITARY TRAIL, #5A
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: ROBINE, CRAIG EDWARD
Address: 5891 SO. MILITARY TRAIL, #5A
City-St-Zip: LAKE WORTH, FL 33463

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 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 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: JON D TRHLIN

D

03/28/2005

Electronic Signature of Signing Officer or Director

_____ Date