

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000095105

1. Entity Name
TREE SUPPORT SYSTEMS, INC.



Principal Place of Business

**2701 30TH ST. SE
RUSKIN, FL 33570**

Mailing Address

**PO BOX 1809
RUSKIN, FL 33575**



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
46-0500569

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PYLE, TERRENCE F
707 DEL WEBB BLVD W
SUN CITY CENTER, FL 33573**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000093529
03/22/04-80021-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TORT, J.C.
STREET ADDRESS	2701 30TH ST. SE
CITY - ST - ZIP	RUSKIN, FL 33570
TITLE	STD
NAME	TORT, ERIC
STREET ADDRESS	2701 30TH ST. SE
CITY - ST - ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JC Tort

3/4/04 813-645-9527

Date

Daytime Phone #