

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000133835 1. Entity Name DAYTONA TREE SERVICE, INC.	
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Principal Place of Business 895 NIXON LANE PORT ORANGE, FL 32119 US	Mailing Address 895 NIXON LANE PORT ORANGE, FL 32119 US
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2415846	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REEBER, SHANNON M 895 NIXON LANE PORT ORANGE, FL 32119

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

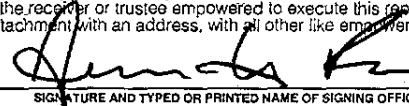
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000343619
04/29/05-80099-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REEBER, ALEXANDER H 895 NIXON LANE PORT ORANGE, FL 32119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REEBER, SHANNON M 895 NIXON LANE PORT ORANGE, FL 32119
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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, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____