

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90037 006 ***150.00

DOCUMENT # P03000158447

1. Entity Name
TOM'S TREE SERVICE, INC.



Principal Place of Business
**416 N. HIGHLAND ST.
MT DORA, FL 32757**

Mailing Address
**416 N. HIGHLAND ST.
MT DORA, FL 32757**

54034745



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3773812

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMOLINSKI, TOM
416 N. HIGHLAND ST.
MT DORA, FL 32757**

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

[Signature]

[Signature]

[Signature]

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

(NOTE: Registered Agent signature required when resigning)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SMOLINSKI, TOM
STREET ADDRESS 416 N. HIGHLAND ST.
CITY-ST-ZIP MT DORA, FL 32757

TITLE VD ☐ Change ☒ Addition
NAME Smolinski, Tom
STREET ADDRESS 416 N. Highland St.
CITY-ST-ZIP Mt. Dora, FL 32757

TITLE VD ☒ Delete
NAME SMOLINSKI, JIM
STREET ADDRESS 416 N. HIGHLAND ST.
CITY-ST-ZIP MT DORA, FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ADCOCK, FRANKLIN
STREET ADDRESS 416 N. HIGHLAND ST.
CITY-ST-ZIP MT DORA, FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Tom Smolinski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

Date

352-989-0176

Daytime Phone #