2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# P03000158447

Entity Name: TOM'S TREE SERVICE, INC.

Current Principal Place of Business:

416 N. HIGHLAND ST.
MT DORA, FL 32757

New Principal Place of Business:

416 N. HIGHLAND ST.
MT DORA, FL 32757 US

Current Mailing Address:

416 N. HIGHLAND ST.
MT DORA, FL 32757

New Mailing Address:

416 N. HIGHLAND ST.
MT DORA, FL 32757 US

FEI Number: 59-3773812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMOLINSKI, TOM
416 N. HIGHLAND ST.
MT DORA, FL 32757 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: PD ( ) Delete
Name: SMOLINSKI, TOM
Address: 416 N. HIGHLAND ST.
City-St-Zip: MT DORA, FL 32757

Title: SD ( ) Delete
Name: VANDOREN, RODNEY
Address: 416 N. HIGHLAND ST.
City-St-Zip: MT DORA, FL 32757

Title: VD (X) Delete
Name: ADCOCK, FRANKLIN
Address: 416 N. HIGHLAND ST.
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMOLINSKI, TOM
Address: 416 N. HIGHLAND ST.
City-St-Zip: MT DORA, FL 32757 US

Title: SD (X) Change ( ) Addition
Name: VANDOREN, RODNEY
Address: 416 N. HIGHLAND ST.
City-St-Zip: MT DORA, FL 32757 US

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 Chapter 119, 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: TOM SMOLINSKI PD 03/07/2006
Electronic Signature of Signing Officer or Director Date