2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133014

City-St-Zip:

LAKE CITY, FL 32055

Entity Name: BLUE OX TREE SERVICE, INC.

FILED Apr 11, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|------------------------------|---|--|--|
| | EGACY CT. Y, FL 32055 | | | | |
| Current Mailing Address: | | | New Mailing Address | :: | |
| | EGACY CT. Y, FL 32055 | | | | |
| FEI Number | : 20-3570763 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| | SON, REX EGACY CT. Y, FL 32055 U | S | | | |
| | e named entity sub e of Florida. | omits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electronic | Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financing Tr | rust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () De RAULERSON, REX 192 NW LEGACY (LAKE CITY, FL 32 | ₹ ©T. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () De RAULERSON, TRA 192 NW LEGACY (LAKE CITY, FL 32 | VIS CT. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | ST () De HOOK, LAURA 192 NW LEGACY (| | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: LAURA D HOOK ST 04/11/2006