


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000102822 1. Entity Name KEVIN'S TREE SERVICE, INC.	
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Principal Place of Business 1041 CHOKECHOSEY DR WINTER SPGS FL 32709 US	Mailing Address 1041 CHOKECHERRY WINTER SPGS FL 32708 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3416464	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**KEVIN WILKEY
1041 CHOIKE CHERRY DR
1041 CHOKECHERRY DR
WINTER SPGS FL 32708**

7. Name and Address of New Registered Agent

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 _____ 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
Make Check Payable to Florida Department of State

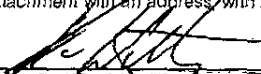
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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U00000237453
02/21/05-80058-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **2-16-05** (407) 832-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #