2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F02000000673 02-27-2004 90024 023 ***150.00 ABC PROFESSIONAL TREE SERVICES INC. Principal Place of Business Mailing Address 4831 GALVESTON RD 4831 GALVESTON RD 94021278 HOUSTON, TX 77017 HOUSTON, TX 77017 2. Principal Place of Business 3. Mailing Address 483) Old Galveston Road 4831 Old-Galveston Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02032004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 76-0686297 Houston, Texas Houston, Texas Not Applicable Country تتنواح \$8.75 Additional Zip---5. Certificate of Status Desired 77017 77017 Fee Required υS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 8. The above names 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 SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President Delete TITLE TITLE Change Addition Jose Lica 4009 Scagewood Lane Greensboro, NC 27407 GARCIA, MARIA NAME NAME STREET ADDRESS 10006 ERIN GLEN WAY STREET ADDRESS CITY-ST-ZIP PEARLAND, TX 77584 CITY-ST-ZIP Delete TITLE ice President Change ☐ Addition TITLE GARCIA, LUIS OCIO JA55 0 NAME NAME 2012 wichita STREET ADDRESS 10006 ERIN GLEN WAY STREET ADDRESS gasadera, TX71502 PEARLAND, TX 77584 CITY-ST-ZIP CITY-ST-ZIP Change SBOD A ☐ Delete TITLE ☐ Addition TITLE JASSO, ROCIO NAME NAME 10006 Exin Glerway STREET ADDRESS STREET ADDRESS 2012 WICHITA ST pearland +177584 PASADENA, TX 77502 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this fifing 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 supplied and 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 of the corporation or the rec changed, or on an attachme

with all other like empowered.

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Feb 27, 2004 8:00 am