


FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90018 040 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000000673			
1. Entity Name ABC PROFESSIONAL TREE SERVICES INC.			
Principal Place of Business 4831 OLD GALVESTON RD HOUSTON, TX 77017		Mailing Address 4831 OLD GALVESTON RD HOUSTON, TX 77017	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIRA, JOSE 4009 S. EDGEWOOD LANE GREENSBORO, NC 27407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASSO, ROCIO 2012 WICHITA SR PASADENA, TX 77502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBOD GARCIA, LUIS 10006 ERIN GLENWAY PEARLAND, TX 77584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garcia, Luis 10006 Erin Glenway Pearland, TX 77584 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diosdado, Rafael 1807 Thelma Ln Pasadena, TX 77502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		5/11/05 Daytime Phone # _____	

attachment

50052889
F0000000073

Johnson Baur Carrillo, LLP
Certified Public Accountants

INSTRUCTIONS FOR FILING

State of Florida
2005 For Profit Corporation
Annual Report

For the Period Ended December 31, 2005

ABC Professional Tree Services, Inc.

SIGNATURE

This extension was prepared from data made available by you. Please note that we have not otherwise verified your information. Before executing the extension you should review the information on the extension to ensure no material omissions or misstatements of fact have occurred.

The annual report should be signed and dated by an authorized officer including daytime telephone number. The duplicate copy to which this instruction sheet is attached is for your files.

PAYMENT OF TAX:

The annual report indicates tax due in the amount of \$150. The remittance should be made payable to the "Florida Department of State" and include the Employer Identification Number (76-0686297) on the check.

FILING:

The extension request should be filed no later than May 1, 2005 with:

Division of Corporation
PO Box 6327
Tallahassee, FL 32314