

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 335236 1. Entity Name BERT NEWCOMB TREE & LANDSCAPING SERVICE, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 8855 NW 95 STREET MEDLEY FL 33178 | Mailing Address 8855 NW 95 STREET MEDLEY FL 33178 |
|---|---|

| | | | |
|--------------------------------|--------------------|--------------|--------------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc | Suite, Apt. #, etc | City & State | City & State |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

| | | | |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LIVESAY, LEIGH M. 9722 SW 69 PLACE MIAMI FL 33156 | | 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 reinstating) DATE _____

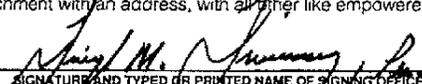
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|--------------------|---------------------------------|
| TITLE | PD | |
| NAME | LIVESAY, LEIGH M. | |
| STREET ADDRESS | 9722 S.W. 69 PLACE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | SD | |
| NAME | LIVESAY, CHERYL | |
| STREET ADDRESS | 9722 SW 69 PLACE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------|---|
| TITLE | | |
| NAME | | |
| STREET ADDRESS | U00000040652 | |
| CITY - ST - ZIP | 02/09/04-80056-015 150.00 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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:  **LEIGH M. LIVESAY** **2-5-04** **305-883-8887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT