


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005594	
1. Entity Name WRIGHT TREE SERVICE, INC.	

Principal Place of Business 139 6TH STREET WEST DES MOINES, IA 50265	Mailing Address PO BOX 1718 DES MOINES, IA 50306-1718
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DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 42-0860402	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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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 restoring) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP PACKARD, SCOTT 5940 COTTONWOOD CIR WEST DES MOINES, IA 50266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV MYERS, BOB 23 HICKORY RIDGE WAUKEE, IA 50283
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUTTER, WILL 5353 BARNHAM DR JOHNSON, IA 50131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGONEGLE, TERRY 5115 WAKONDA DR. NORWALK, IA 50211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV WRIGHT, LINDA 3303 BEAVER AVE DES MOINES, IA 50310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/06-80021-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terence J. M. Smyth **3/23/06** **(516) 277-16**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone