

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000529

1. Entity Name
NELSON TREE SERVICE, INC.



Principal Place of Business
**SUITE 205
3300 OFFICE PARK DRIVE
DAYTON, OH 45439**

Mailing Address
**C/O TAX DEPT
708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090 US**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number **31-0998373** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GRAHAM, GEORGE E JR
STREET ADDRESS	1820 VALLEY ROAD
CITY-ST-ZIP	MEADOWBROOK, PA 19046
TITLE	ST
NAME	DWYER, JOSEPH P
STREET ADDRESS	419 SHOEMAKER WAY
CITY-ST-ZIP	LANSDALE, PA 19446
TITLE	EXVP
NAME	JONES, JEFFREY D
STREET ADDRESS	7758 CEDAR FALLS LN
CITY-ST-ZIP	WEST CHESTER, OH 45069
TITLE	P
NAME	NEKOLA, LOU
STREET ADDRESS	10830 MEADOW TRAIL
CITY-ST-ZIP	STRONGSVILLE, OH 44149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: *Joseph P. Dwyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. DWYER

01/20/04

Date

Daytime Phone #