

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F94000003584

1. Entity Name
TREE PRESERVATION CO., INC.



Principal Place of Business
**708 BLAIR MILL RD.
WILLOW GROVE, PA 19090**

Mailing Address
**708 BLAIR MILL RD.
WILLOW GROVE, PA 19090**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
23-2737121

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 S. PINE ISLAND RD.
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 reinstating)

DATE _____

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASPLUNDH, SCOTT M 708 BLAIR MILL RD. WILLOW GROVE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASPLUNDH, BRENT D 708 BLAIR MILL RD. WILLOW GROVE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASPLUNDH, PAUL S 708 BLAIR MILL RD. WILLOW GROVE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DWYER, JOSEPH P 708 BLAIR MILL RD. WILLOW GROVE, PA 19090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000011433
01/23/04-80036-021 150.00

**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: X Joseph P. Dwyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. DWYER 01/20/04
Date Daytime Phone #