

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # H07999

1. Entity Name

PALM HARBOR TREE SERVICE, INC.



Principal Place of Business
1436 OHIO AVENUE
PALM HARBOR FL 34683-4633

Mailing Address
1436 OHIO AVENUE
PALM HARBOR FL 34683-4633

2. Principal Place of Business

1436 Ohio Ave
Suite, Apt. #, etc.

3. Mailing Address

1436 Ohio Ave

Suite, Apt. #, etc.

City & State

Palm Harbor, FL 34683

City & State

FL 34683

4. FEI Number

59-2433181

Applied For

Not Applicable

Zip

34683

Country

United States

Zip

34683

Country

Pinellas

6. Name and Address of Current Registered Agent

WILKINSON, DAVID E
1436 OHIO AVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

[Signature]

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

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

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILKINSON, DAVID EARLE 1436 OHIO AVENUE PALM HARBOR FL 34683	<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	VP WILKINSON, CAROL JEAN 1436 OHIO AVENUE PALM HARBOR FL 34683-4633	<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
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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:

David E. Wilkinson

4-26-04 727 784 4028

**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90688 006 ***150.00

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MOORE CR2E034 (11/03)