

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90016 036 \*\*\*150.00

DOCUMENT # J06287  
 1. Entity Name  
 MAC'S TREE AND YARD SERVICE, INC.



Principal Place of Business      Mailing Address  
 5235 OAK ISLAND RD.      5235 OAK ISLAND RD.  
~~3308 CULLEN LAKE SHORE DR.~~      ~~3308 CULLEN LAKE SHORE DR.~~  
 ORLANDO, FL 32809      ORLANDO, FL 32809

54026465

2. Principal Place of Business      3. Mailing Address  
 5232 Oak Island Rd      5232 Oak Island Rd.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



03292004      Chg-P      CR2E034 (10/03)

City & State      City & State  
 Orlando, Florida      Orlando, Florida  
 Zip      Country      Zip      Country  
 32809      Orange      32809      Orange

4. FEI Number      Applied For  
 59-2666528      Not Applicable

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

6. Name and Address of Current Registered Agent  
 GIFFORD, ARNOLD M.  
~~3308 CULLEN LAKE SHORE DR.~~ 5232 Oak Island  
 ORLANDO, FL 32812 32809

7. Name and Address of New Registered Agent  
 Name: Gifford, Arnold M  
 Street Address (P.O. Box Number is Not Acceptable): 5232 Oak Island Rd  
 City: Orlando      FL      Zip Code: 32809

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP GIFFORD, ARNOLD M. 5232 OAK ISLAND RD. ORLANDO, FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GIFFORD, DIANNE G. 5232 OAK ISLAND RD. ORLANDO, FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Arnold M Gifford      Date: 4/1/04      Daytime Phone #: 407 855-2225