


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # K20580 1. Entity Name PASCO TREE SERVICE, INC. |  |
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| | |
|--|--|
| Principal Place of Business % KATHY KROMER 10908 PATRICK AVE HUDSON, FL 34669 | Mailing Address % KATHY KROMER 10908 PATRICK AVE HUDSON, FL 34669 |
|--|--|



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2890577 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

KROMER, KATHY
10908 PATRICK AVE
HUDSON, FL 34669

**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: ☐ **\$5.00** May Be Added to Fees

U000000058915
02/20/04-80060-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------|
| TITLE | D |
| NAME | KROMER, KATHY |
| STREET ADDRESS | 10908 PATRICK AVE |
| CITY - ST - ZIP | HUDSON, FL |

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|-----------------|--------------------|
| TITLE | D |
| NAME | KROMER, WILLIAM A. |
| STREET ADDRESS | 10908 PATRICK AVE |
| CITY - ST - ZIP | HUDSON, FL |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathy Kromer KATHY KROMER, V.P. 1-27-04 (727) 808-6407