2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54901

Entity Name: CHARLIE'S TREE SERVICE, INC.

FILED Mar 30, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3650 SE 36TH AVENUE 402 SW 3RD ST

OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974

Current Mailing Address: New Mailing Address:

3650 SE 36TH AVENUE 402 SW 3RD ST

OKEECHOBEE, FL 34974 US OKEECHOBEE, FL 34974 US

FEI Number: 59-2925280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCOIN, JAMES WESLEY

3650 SE 36TH AVE

402 SW 3RD ST

OKEECHOBEE, FL 34974 US OKEECHOBEE, FL 34974 US

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.

SIGNATURE: 03/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 MCCOIN, BEVERLEY M
 Name:

 Address:
 7568 NW 86TH CT
 Address:

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:

Title: DPS () Delete Title: DPS (X) Change () Addition

 Name:
 MCCOIN, JAMES W
 Name:
 MCCOIN, JAMES W

 Address:
 3650 SE 36TH AVE.
 Address:
 402 SW 3RD ST

City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. MCCOIN P 03/30/2005