## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2007 08:00 A Secretary of State DOCUMENT # L40104 1. Entity Name BAY CITY TREE SERVICE, INC. Principal Place of Business Mailing Address 2220 4TH AVE S 13563 MONALEE AVE SAINT PETERSBURG, FL 33712 SEMINOLE, FL 33776 US 04052007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2982908 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WATTS, RICHARD N., ESQ. -DO NOT WRITE 1135 S. PASADENA AVE. SUITE 107 IN THIS SPACE ST. PETERSBURG, FL 33707 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PERKINS, DUANE L. STREET ADDRESS 1356B MONALEE AVENUE CITY-ST-ZIP SEMINOLE, FL 33776 TITLE U00000700522 04/20/07-80020-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 cath; that I am an officer or director of the corporation or the repetiver 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 attack ment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE L. PERKINS

4-6-7 707 823-719

Daytime Phone #