

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L84019

1. Entity Name
W.B. OLLIFF, JR. TREE SURGEON INC.



Principal Place of Business

P.O. BOX 874
HWY 636 WEST
WAUCHULA, FL 33873

Mailing Address

P.O. BOX 874
HWY 636 WEST
WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3016713

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OLLIFF, W.B., JR
3960 EAST MAIN STREET
WACHULA, FL 33873

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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 re-stating)

DATE

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 D
NAME OLLIFF, W.B., JR
STREET ADDRESS 3960 EAST MAIN STREET
CITY - ST - ZIP WAUCHULA, FL 33873

TITLE VP
NAME OLLIFF, JAMES
STREET ADDRESS 3960 EAST MAIN STREET
CITY - ST - ZIP WAUCHULA, FL 33873

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/12/04-80071-003 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #