


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M96548 1. Entity Name POTTING SOIL AND TREE SERVICES, INC.	
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Principal Place of Business 619 STATE RD. 50 GROVELAND, FL 34736 US	Mailing Address 619 STATE RD. 50 GROVELAND, FL 34736 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2922491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLARY, SHAUN J
619 STATE ROAD 50
GROVELAND, FL 34736

**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 _____ 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, 2005 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	PD HILLARY, DENNIS W. 619 STATE ROAD 50 GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HILLARY, SHAUN 619 STATE RD. 50 GROVELAND, FL
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01/24/05-80030-010 150.00

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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)(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 #

STD 1/17/05 352 429 4151