

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90023 005 \*\*\*150.00

<b>DOCUMENT # P00000055463</b> 1. Entity Name <b>THE RITE GUYS TREE SERVICE, INC.</b>																																							
Principal Place of Business <b>3456 BLUEFISH DR SPRING HILL, FL 34607</b>			Mailing Address <b>PO BOX 3830 SPRING HILL, FL 34611</b>																																				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																					
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3642033</b> Applied For <input type="checkbox"/> Not Applicable																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02112004    Chg-P    CR2E034 (10/03)																																			
6. Name and Address of Current Registered Agent  <b>PANZNER, GUY</b> <del>40402 TASSEL STREET</del> <i>change</i> <del>SPRING HILL, FL 34606</del>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3456 Bluefish dr</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34607</b>																																				
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D</b>  <b>PANZNER, GUY</b>  <b>3456 BLUEFISH DR</b>  <b>SPRING HILL, FL 34607</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PANZNER, GUY</b> <b>3456 BLUEFISH DR</b> <b>SPRING HILL, FL 34607</b>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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)(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 or without like empowered.																																							
<b>SIGNATURE:</b> <i>[Signature]</i> <b>3-10-04</b> <b>352-688-0994</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																							

*Guy Panzner / President*