2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000079819

1. Entity Name
BMR TREE SERVICE & GROUND RESTORATION, INC.

Principal Place of Business	Mailing Address
832 LAKE HAVEN ROAD DUNEDIN, FL 34698 US	832 LAKE HAVEN ROAD DUNEDIN, FL 34698 US

DO NOT WRITE IN THIS SPACE

02172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
36-4401043	Not Applicable

5. Certificate of Status Desired ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, SUSANNA S
C/O MOODY & SHEA, P.A.
1471 SOUTH MISSOURI AVE
CLEARWATER, FL 33756

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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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	D
NAME	ROGNSTAD, ROBERT M
STREET ADDRESS	832 LAKE HAVEN
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	S
NAME	ROGNSTAD, MELANIE
STREET ADDRESS	832 LAKE HAVEN RD
CITY-ST-ZIP	DUNEDIN, FL 34698

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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: _Robert M. Rognstad_   2/18/05 727-738-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #