


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000081393 1. Entity Name OCALA TREE DEBRIS RECYCLING, INC.	
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Principal Place of Business 1400 NW 18TH ST. OCALA, FL 34474	Mailing Address P.O. BOX 1357 SILVER SPRINGS, FL 34489
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1042611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEAN, MICHAEL ESQUIRE
230 NORTHEAST 25TH AVE.
OCALA, FL 34470**

**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, 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	DVP
NAME	KINSEY, SANDY
STREET ADDRESS	P.O. BOX 548
CITY - ST - ZIP	SILVER SPRINGS, FL 34489

TITLE	D
NAME	KINSEY, DOUGLAS L SR.
STREET ADDRESS	P.O. BOX 548
CITY - ST - ZIP	SILVER SPRINGS, FL 34489

TITLE	DVP
NAME	KINSEY, DOUGLAS L II
STREET ADDRESS	10325 N.E. CTY. ROAD 314
CITY - ST - ZIP	SILVER SPRINGS, FL 34488

TITLE	DS
NAME	KINSEY, JENNIFER
STREET ADDRESS	10325 N.E. CTY ROAD 314
CITY - ST - ZIP	SILVER SPRINGS, FL 34488

TITLE	DP
NAME	SPICHER, OLGA
STREET ADDRESS	P.O. BOX 2148
CITY - ST - ZIP	SILVER SPRINGS, FL 34488

TITLE	DT
NAME	SPICHER, TODD
STREET ADDRESS	P.O. BOX 2148
CITY - ST - ZIP	SILVER SPRINGS, FL 34489

**DO NOT WRITE
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 #

4-22-04 352-629-9111