
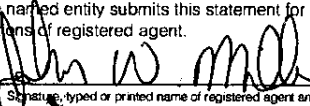
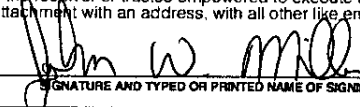


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90215 025 \*\*\*150.00

<b>DOCUMENT # P01000056713</b> 1. Entity Name <b>JACK MILLERS TREE SERVICE, INC.</b>					
Principal Place of Business <b>3380 LAKE SHORE BLVD. ST. CLOUD, FL 34769</b>			Mailing Address <b>3380 LAKE SHORE BLVD. ST. CLOUD, FL 34769</b>		
2. Principal Place of Business <b>2840 Wagon Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2840 Wagon Ct.</b> Suite, Apt. #, etc.			
City & State <b>St. Cloud FL.</b>		City & State <b>St. Cloud FL.</b>		4. FEI Number <b>59-3742961</b>	
Zip <b>34772</b>		Country <b>Osceola</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MILLER, JOHN W 3380 LAKE SHORE BLVD. ST. CLOUD, FL 34769</b>			7. Name and Address of New Registered Agent Name <b>Miller, John W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2840 Wagon Ct.</b> City <b>St. Cloud</b> <b>FL</b> Zip Code <b>34772</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  <b>John W. Miller Resident</b> <b>4-29-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MILLER, JOHN W 3380 LAKE SHORE BLVD. ST. CLOUD, FL 34769</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>John W. Miller</b> <b>4-29-04</b> <b>407 957-3362</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					