


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90006 020 ***550.00

| | | | |
|--|---------|---|---------|
| DOCUMENT # P01000112157 | |  | |
| 1. Entity Name NATIONAL TREE TRIMMING, INC. | | | |
| Principal Place of Business 10359 NW 4TH STREET CORAL SPRINGS FL 33071 | | Mailing Address 10359 NW 4TH STREET CORAL SPRINGS FL 33071 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

54070831



MOORE CR2E034 (4/04)

| | | | |
|--|--|---|--|
| 4. FEI Number 65-1146641 | | 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 BOLLING, KEVIN 10359 NW 4TH ST. CORAL SPRINGS FL 33071 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 acc the obligations of registered agent.

SIGNATURE *Kevin Bolling - NO changes* DATE 8/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** Added to

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | |
|----------------------------|-----------------------------------|--|---------------------------------|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | BOLLING, KEVIN | NAME | |
| STREET ADDRESS | 10359 NW-4TH-ST. | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 inform 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 di 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 Bloc changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin Bolling* DATE 8/27/04 DAYTIME PHONE # 954-520-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR