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Secretary of State

04-21-2005 90237 013 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118700

1. Entity Name
BEZDEK TREE ARBORIST, INC.

Principal Place of Business	Mailing Address
P.O. BOX 601 FROSTPROOF, FL 33843	P.O. BOX 601 FROSTPROOF, FL 33843

03212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
P.O. Box 664		P.O. BOX 664	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Osteen fl.		City & State: OsTeen fl.	
Zip: 32764	Country: USA	Zip: 32764	Country: USA

4. FEI Number: 65-6100078 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEZDEK, ROBERT C
2165 NORTH LAKE REEDY BLVD
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

Name: Robert C Bezdek
Street Address (P.O. Box Number is Not Acceptable): 1852 EnterpRize Osteen Rd
City: EnteRpRize FL Zip Code: 32725

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEZDEK, ROBERT C P.O. BOX 601 FROSTPROOF, FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~Robert~~ Bezdek, Robert C PO Box 664 Osteen Fla. 32764	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #