FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000017752

1. Entity Name
AERIAL TREE SERVICE, INC.

Principal Place of Business	Mailing Address
1453 SOLAR DR. HOLIDAY, FL 34691	1453 SOLAR DR. HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

01102004 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1420680
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAGO, JOHN V
1453 SOLAR DR.
HOLIDAY, FL 34691

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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. Date. Required when required and effective 1/1

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

000000154356
05/04/04-80163-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	RAGO, VICKIE D
STREET ADDRESS	1453 SOLAR DR.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	STD
NAME	RAGO, JOHN V
STREET ADDRESS	1453 SOLAR DR.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	D
NAME	BURDEN, MICHAEL
STREET ADDRESS	1453 SOLAR DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: John V. Rago 4-30-04 727-215 8517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #