

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000017752	
1. Entity Name AERIAL TREE SERVICE, INC.	

Principal Place of Business 1453 SOLAR DR. HOLIDAY, FL 34691	Mailing Address 1453 SOLAR DR. HOLIDAY, FL 34691
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DO NOT WRITE IN THIS SPACE



01102004 No Chg-P CR2E034 (10/03)

4. FCI Number 37-1420680	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAGO, JOHN V 1453 SOLAR DR. HOLIDAY, FL 34691	
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**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.

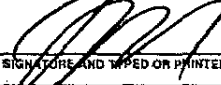
SIGNATURE _____ Signature, block-printed name of registered agent and title (attachable)	DATE _____ DATE (attachable)
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000154356 05/04/04-80163-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PV RAGO, VICKIE D 1453 SOLAR DR. HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD RAGO, JOHN V 1453 SOLAR DR. HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BURDEN, MICHAEL 1453 SOLAR DRIVE 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)(f), 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 a power of attorney.

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