2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018736

Entity Name: STEVE'S TREE SERVICE, INC.

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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668 WASHINGTON BLVD 652 WASHINGTON BLVD LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

Current Mailing Address: New Mailing Address:

668 WASHINGTON BLVD 652 WASHINGTON BLVD LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

FEI Number: 01-0615745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SPARKS, LESLIE A LOPEZ, JOSE 668 WASHINGTON BLVD 652 WÁSHINGTON BLVD US LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 US

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.

SIGNATURE: JOSE LOPEZ 01/13/2006

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

LAKE PLACID, FL 33852

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LAKE PLACID, FL 33852

Title: () Delete Title: (X) Change () Addition

SPARKS, STEPHEN E LOPEZ, JOSE Name: Name: 668 WASHINGTON BLVD 652 WASHINGTON BLVD Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: LAKE PLACID, FL 33852

Title: **PRES** Title: () Delete (X) Change () Addition

SPARKS, LESLIE A Name: Name: LOPEZ, JOSE 668 WASHINGTON BLVD 652 WASHINGTON BLVD Address: Address:

Title: Title: () Delete VΡ () Change (X) Addition

LOPEZ, JOSE Name: Name:

652 WASHINGTON BLVD Address Address: City-St-Zip: City-St-Zip: LAKE PLACID, FL 33852

Title: () Delete Title: () Change (X) Addition

LOPEZ, JOSE Name: Name:

Address: Address: 652 WASHINGTON BLVD City-St-Zip: City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LOPEZ D 01/13/2006