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Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90335 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048769

1. Entity Name
GULF STATES TREE SUPPLIERS, INC

Principal Place of Business	Mailing Address
26205 SW 194 AVE HOMESTEAD, FL 33031	26205 SW 194 AVE HOMESTEAD, FL 33031

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
12525 Roseland Road		12525 Roseland Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sebastian, FL		City & State: Sebastian, FL	
Zip: 32958	Country: USA	Zip: 32958	Country: USA

4. FEI Number: 35-2170850 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KLEIN, JEFF
26205 SW 194 AVE
HOMESTEAD, FL 33031

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 12525 Roseland Road
City: Sebastian FL Zip Code: 32958

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] 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEIN, JEFF 26205 SW 194 AVE HOMESTEAD, FL 33031 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 12525 Roseland Road Sebastian FL 32958
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #