

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000095105

1. Entity Name

TREE SUPPORT SYSTEMS, INC.



Principal Place of Business

2701 30TH ST. SE
RUSKIN, FL 33570

Mailing Address

PO BOX 1809
RUSKIN, FL 33575



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0500569

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PYLE, TERRENCE F
707 DEL WEBB BLVD W
SUN CITY CENTER, FL 33573

**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]

Signature, typed or printed name of registered agent, and title if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1-30-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TORT, J.C.
STREET ADDRESS 2701 30TH ST. SE
CITY-ST-ZIP RUSKIN, FL 33570

TITLE STD
NAME TORT, ERIC
STREET ADDRESS 2701 30TH ST. SE
CITY-ST-ZIP RUSKIN, FL 33570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

000000419440
02/15/06-80008-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06

Date

813-645-9527

Daytime Phone #