


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90011 044 \*\*\*150.00

**DOCUMENT # P02000126296**

1. Entity Name  
**T & Y MCDUGALD TREE TRIMMING & YARD SERVICES, INC.**



Principal Place of Business  
 2036 7TH CT., SW  
 VERO BCH FL 32962

Mailing Address  
 2036 7TH CT., SW  
 VERO BCH FL 32962

2. Principal Place of Business  
**2036-7th Ct. S.W.**

3. Mailing Address  
**2036-7th Ct. S.W.**

Suite, Apt. #, etc.

City & State  
**Vero Beach Fla.**

City & State  
**Vero Beach Fla.**

Zip  
**32962**

Country  
**Indian River**

4. FEI Number  
**13-4224763**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

**GOULD, CHARLES H**  
**2127 10TH AVE.**  
**VERO BCH FL 32960**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 MCDUGALD, TOMMY 2036 7TH CT., SW VERO BCH FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDUGALD, YVETTE 2036 7TH CT., SW VERO BCH FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tommy McDougald - Vice Pres.* *Yvette McDougald - Pres.* *March 1-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR