
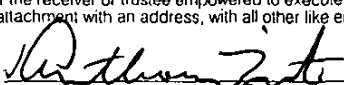


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90234 005 ***150.00

DOCUMENT # P03000008276 1. Entity Name DIVERSIFIED TREE SERVICE, INC.					
Principal Place of Business 2105 WEST GRIFFIN ROAD LEESBURG, FL 34749			Mailing Address 2105 WEST GRIFFIN ROAD LEESBURG, FL 34749		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 492556 Suite, Apt. #, etc.			
City & State LEESBURG, FLORIDA		4. FEI Number 74-3083098		Applied For <input type="checkbox"/> Not Applicable	
Zip 34749	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CLEMENT, G. EDWARD 308 EAST FIFTH AVE. MOUNT DORA, FL 32757			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P ZITO, ANTHONY 817 CRESTVIEW CIRCLE NORH WILDWOOD, FL 34748 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZITO, ANTHONY PO BOX 492556 LEESBURG, FLORIDA 34749 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZITO, JOHN 5600 SE 3RD PLACE OCALA, FL 34471 <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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 3/14/06 Daytime Phone #: 1267-3449		