


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

06-28-2006 90001 001 \*\*\*150.00

<b>DOCUMENT # P03000009432</b>		
1. Entity Name CUSTOM TREE SERVICE, INC.		

Principal Place of Business 11517 NORTH SEDGEMOORE DRIVE JACKSONVILLE, FL 32223	Mailing Address 11517 NORTH SEDGEMOORE DRIVE JACKSONVILLE, FL 32223
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40097300



2. Principal Place of Business 4949 Sunbeam Rd Suite, Apt. #, etc. #13	3. Mailing Address 4949 Sunbeam Rd Suite, Apt. #, etc. #13
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06232006 Chg-P CR2E034 (11/05)

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 59-3764902	Applied For <input type="checkbox"/> Not Applicable
Zip 32257	Country USA	Zip 32257	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  STEPHEN E. TILLEY, PA, CPA 4465 BAYMEADOWS ROAD STE. 3 JACKSONVILLE, FL 32217
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, SCOTT 11517 NORTH SEDGEMOORE DRIVE JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Washington 4949 Sunbeam Rd #13 Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASHINGTON, LESLIE S 11517 N SEDGEMORE DR JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lesley Washington 4949 Sunbeam Rd #13 Jacksonville, FL 32257 <input checked="" 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
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: Lesley Washington Date: 6/21/06 Daytime Phone #: 904-292-9226