
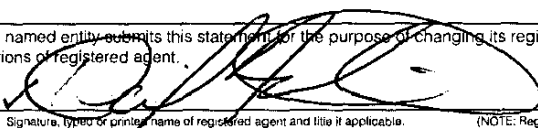
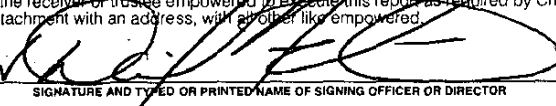


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90311 045 \*\*\*150.00

<b>DOCUMENT # P03000014585</b> 1. Entity Name <b>SAFEMART TREE CO., INC.</b>					
Principal Place of Business <b>244 LUCERNE DRIVE DEBARY, FL 32713 US</b>			Mailing Address <b>244 LUCERNE DRIVE DEBARY, FL 32713 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 530352</b> Suite, Apt. #, etc.		04262004 Chg-P CR2E034 (10/03)	
City & State <b>DeBary FL</b>		City & State <b>DeBary FL</b>		4. FEI Number <b>57-1149521</b>	
Zip <b>32753</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVID, FRATINO R II 244 LUCERNE DRIVE DEBARY, FL 32713</b>			7. Name and Address of New Registered Agent Name <b>David Fratino R II</b> Street Address (P.O. Box Number is Not Acceptable) <b>225 E Highbanks</b> City <b>DeBary</b> <b>FL</b> Zip Code <b>32713</b>		
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  DATE <b>4/26/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRATINO, DAVID R II 244 LUCERNE DRIVE DEBARY, FL 32713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 530352 DeBary FL 32753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, MIKE 244 LUCERNE DRIVE DEBARY, FL 32713	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PO Box 530352 DeBary FL 32753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELLY, JOSEPH 244 LUCERNE DRIVE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	VP Kieran, Tan 822 Ludlum Ave DeBary FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.					
SIGNATURE: 			Date <b>4/26/04</b> Daytime Phone # <b>386-668-1685</b>		