


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000020785 1. Entity Name MICHAEL HARNDEN CERTIFIED ARBORIST, INC.	
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Principal Place of Business P.O. BOX 72 FLORAL CITY, FL 34436	Mailing Address P.O. BOX 72 FLORAL CITY, FL 34436
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DO NOT WRITE IN THIS SPACE



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0566977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARNDEN, MICHAEL W 8330 S. FLORIDA AVE FLORAL CITY, FL 34436	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARNDEN, MICHAEL 8330 S FLORIDA AVE FLORAL CITY, FL 34436
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07/22/05-80006-010 150.00

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:  **7/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #