

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 023 ***150.00

DOCUMENT # P03000038971

1. Entity Name

THE TREE AMIGOS OUTDOOR SERVICES, INC.



Principal Place of Business

1574 WATERS EDGE DRIVE
ORANGE PARK FL 32003

Mailing Address

1574 WATERS EDGE DRIVE
ORANGE PARK FL 32003

2. Principal Place of Business

5000-18 Hwy 17

Suite, Apt. #, etc.
#235

3. Mailing Address

5000-18 Hwy 17

Suite, Apt. #, etc.
#235

City & State

ORANGE PARK FL

City & State

ORANGE PARK FL

Zip

32003

Country

USA

Zip

32003

Country

USA

4. FEI Number

043747403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, ROBERT M JR
1279 KINGLSEY AVENUE SUITE 118
ORANGE PARK FL 32003

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **STEVE NELSON**
CITY-ST-ZIP **1726 1st STREET**
NEPTUNE BEACH, FL 32266

TITLE ☐ Delete
NAME **SECRETARY / TREASURER**
STREET ADDRESS **JAMES D. PROCTOR, III**
CITY-ST-ZIP **1574 WATERS EDGE DRIVE**
ORANGE PARK FL 32003

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-05-04