2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004
Secretary of State

DOCUMENT# P03000039327

Entity Name: MAC'S TREE SERVICE, INC.

Current Principal Place of Business:

4219 SCENIC DR
MIDDLEBURG, FL 32068

New Principal Place of Business:

P.O.BOX 970
MIDDLEBURG, FL 32050

Current Mailing Address:

4219 SCENIC DR
MIDDLEBURG, FL 32068

New Mailing Address:

P.O BOX 970
MIDDLEBURG, FL 32050

FEI Number: 54-2108436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDA, MCMAHAN G
4219 SCENIC DRIVE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

LINDA, MCMAHAN G
P.O.BOX 970
MIDDLEBURG, FL 32050 US

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.

SIGNATURE: LINDA MCMAHAN 07/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCMAHAN, JOHN P
Address: 4219 SCENIC DR
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: S (X) Delete
Name: MCMAHAN, JOHN P II
Address: 4670 ARMADILLO ST
City-St-Zip: MIDDLEBURG, FL 32068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCMAHAN, JOHN P
Address: P.O.BOX 970
City-St-Zip: MIDDLEBURG, FL 32050 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MCMAHAN OWNE 07/20/2004
Electronic Signature of Signing Officer or Director Date