~~ 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**



DOCUMENT # P03000073121 1. Entity Name TOM'S TREE & CRANE SERVICES, INC.							04-19-2004 90277 039 ***150.00				
Principal Place of Business			Mailing Address			7		J40J4	412		
27722 BREAKERS DR			27722 BREAKERS DR					. 2004	# 4F44	•	
WESLEY CHAPEL, FL 33543			WESLEY CHAPEL, FL 33543					*	دي :		
							SOIDE HIIT SENTERNI E	8778 8 8788 1 8 8 8 8 18 10 1			
Principal Place of Business 3.			I. Mailing Address								
								ANI KANI INDONERIAN IN		KODI II IDAK	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052004	Chg-P	CR2E034 (10/03)		
City & State			City & State			4. FEI Numbe			T Ar	plied For	
Oily & State			Oily & State			81-	062889	70		t Applicable	
Zip	Zip Country		Zip Counti		У	5. Certificate	of Status Desired		75 Add		
	S-Name and Address	of Circuit Regio	lered Apent	<u>-</u>		<u> </u>	Address of New	ree	Require	a	
6. Name and Address of Current Registered Agent					Name	7. Name and	Audiess C. New	regioteled Age	·······		
BROIDA, JOEL D ESQ.											
605 75TH AVE ST PETE BCH, FL 33706					Street Address (P.O. Box Number is Not Acceptable)						
31 FE 1E BOH, FL 33700				Ī							
				-	City			FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered.							L :- Wa Ciala af F		January Cales		
	tions of registered agent.	talement for the p	surpose of changing its re	egistered	a onice or regis	siered agent, or bo	n, in the State of F	Honda, Tamiamii	rar with,	ало ассері	
SIGNATURE.	Signature, typed or printed name of re	gistered ugent and title i	flanplicable. (NOTE:	Registered	Agent signuture requ	liked when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution						55:00 May Be added to Fees					
10. OFFICERS AND			CTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIR	ECTOR	SIN 11	
TITLE				TALE					Change	Addition	
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	T ADDRESS						
TITLE	WEGEET GUIN EE, TE	00043	Delete	TITLE	21 211				Change	☐ Addition	
NAME		•	rri palete	NAME					Oleange		
STREET ADDRESS				STREET	I ADDRESS						
CITY - ST - ZIP				CITY-S	ST - ZIP						
TITLE		_	☐ Delete	TITLE		_			Change	Addition	
STREET ADDRESS		-		NAME	ADDRESS					_	
CITY-ST-ZIP				City-s							
TITLE		· · · ·	☐ Delete	TITLE					Change	Addition	
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP					T ADDRESS						
			[]	CITY-S	51-2IF			F1	0	CT Audition	
TITLE NAME			Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	'				ADDRESS						
City-St-2IP				, CiTY-S	i						
TITLE			☐ Delete	TITLE					Change	Addition	
HAME				NAME							
STREET ADDRESS CHY-SI-ZIP					ADDRESS						
	I			CHY-S	st-ZIP						

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, if 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Thomas G. Brust SIGNATURE: ∠