04/28/2005 10:12 7273476271

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90538 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000073121

1. Entity Name
TOM'S TREE & CRANE SERVICES, INC.

50046432

Principal Place of Business	Mailing Address
27722 BREAKERS DR WESLEY CHAPEL, FL 33543	27722 BREAKERS DR WESLEY CHAPEL, FL 33543

04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0628890
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROIDA, JOEL D ESQ.
605 75TH AVE
ST PETE BCH, FL 33706

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRUST, THOMAS G
STREET ADDRESS	27722 BREAKERS DR
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: John Brust Thomas Brust 4/26/05 813 994 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
S20046432
P03000073181

Terriell D. Scrimager
Certified Public Accountant
1135 Pasadena Avenue South, Suite 250
South Pasadena, Florida 33707

Telephone (727) 347-6261

Date 4/28/05

To Jones Inc + Crane Services Inc.

INSTRUCTIONS FOR FILING

Uniform Business Report

For the year 2005

Signature	**The return should be signed and dated by an authorized corporate officer. You should also print your name on the signature line.**
Due Date	**The return is due by** May 1, 2005
Tax Due	(X) **$** 150.00 **is due with the return. Make your check payable to "Department of State";**
Mailing Instructions	**Mail the return to:**

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Special Instructions Send me 50 pounds of $100.00 bills please, thank you, Tom

YOUR COPY IS ATTACHED