2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90422 025 ***150.00

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1. Entity Name
TOTAL SOURCE TREE SERVICE, INCORPORATED

Principal Place of Business	Mailing Address
5706 EAST BROADWAY AVENUE TAMPA, FL 33619-2812	6518 THOROUGHBRED LOOP ODESSA, FL 33556-1859

02282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
808 E Terrace Dr	
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.
City & State: Plant City, FL	City & State
Zip: 33565 Country: Hillsborough	Zip / Country

4. FEI Number: 20-0129298 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAIER, JOHN M 6518 THOROUGHBRED LOOP ODESSA, FL 33556-1859	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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAIER, JOHN M 6518 THOROUGHBRED LOOP ODESSA, FL 335561859 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Maier 4/26/06 813-269-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #