


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000091519 1. Entity Name BIG DADDY'S TREE CUTTING SERVICES, INC.	
--	---

Principal Place of Business 2165 N.W. 105TH TERRACE MIAMI, FL 33147	Mailing Address 2165 N.W. 105TH TERRACE MIAMI, FL 33147
---	---

DO NOT WRITE IN THIS SPACE



09062005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0163336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRANTLEY, RALPH
2165 N.W. 105TH TERRACE
MIAMI, FL 33147**

**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 _____ (NOTE: Registered Agent signature required when reconstituting)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRANTLEY, RALPH 2165 N.W. 105TH TERRACE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRANTLEY, BRENADETT 2165 NW 105 TERR. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRANTLEY, BRENADETT 2165 NW 105 TERR. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRANTLEY, RALPH 2165 NW 105 TERR. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000377874
09/07/05-80019-004 550.00
1100000377874
09/07/05-80019-005 8.75

**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: Ralph Brantley Date 9.6.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #