

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108920

FILED
Jan 13, 2005
Secretary of State

Entity Name: NATURE COAST TREE/STUMP SERVICE, INC.

Current Principal Place of Business:

16219 TAMPA STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

16219 TAMPA STREET
BROOKSVILLE, FL 34604

Current Mailing Address:

16219 TAMPA ST.
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 20-0273682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE HOGAN LAW FIRM, L.L.C.
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVP () Delete
Name: MILLS, TERRY
Address: 16219 TAMPA STREET
City-St-Zip: BROOKSVILLE, FL 34604

Title: DST () Delete
Name: MILLS, ROSA
Address: 16219 TAMPA STREET
City-St-Zip: BROOKSVILLE, FL 34604

Title: DVP () Delete
Name: NODINE, JUSTIN
Address: 16219 TAMPA ST
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MILLS, TERRY
Address: 16219 TAMPA STREET
City-St-Zip: BROOKSVILLE, FL 34604

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

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: ROSA M MILLS

DST

01/13/2005

Electronic Signature of Signing Officer or Director

Date