## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 11, 2005 8:00 am Secretary of State DOCUMENT # P03000129372 04-11-2005 90139 032 \*\*\*150.00 1. Entity Name TREÉSCAPES TREE REMOVAL SERVICES INC Principal Place of Business Mailing Address 2580 N WACO DRIVE 2580 N WACO DRIVE **DELTONA, FL 32738** DELTONA, FL 32738 2. Principal Place of Business 3. Mailing Address 1390 DURGE DR 1390 Duruc Suite, Apt. #, etc. Suite, Apt. #, etc. 03272005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For HELEN £) LAKE HEN <u>77 - 06/3096</u> LAKE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32744 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RECH, GREGORY A 2580 N WACO DRIVE Street Address (P.O. Box Number is Not Acceptable) DELTONA, FL 32738 1390 DURUC 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition RECH GREGORY A NAME NAME 1390 DURIC DR STREET ADDRESS 2580 N WACO DRIVE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition RECH, JUDY H NAME NAME STREET ADDRESS 2580 N WACO DRIVE 1390 Dunce DR STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RECH, JUDY H NAME NAME 2580 N WACO DRIVE STREET ADDRESS STREET ADDRESS DURGE DIE 1390 CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

PRINTED NAME OF STANING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

FILED