2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90105 045 ***150.00 DOCUMENT # P03000129372 1. Entity Name TREESCAPES TREE REMOVAL SERVICES INC Principal Place of Business Mailing Address 50011380 1390 DUROL DR 1390 DUROL DR LAKE HELEN, FL 32744 LAKE HELEN, FL 32744 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 77-0613096 Not Applicable 'Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RECH, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 1390 DUROL DR LAKE HELEN, FL 32744 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. П After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME RECH, GREGORY A NAME STREET ADDRESS 1390 DUROL DR 1390 DUROC DR. STREET ADDRESS LAKE HELEN, FL 32744 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 🖎 Change ☐ Addition NAME RECH, JUDY H NAME STREET ADDRESS 1390 DUROL DR STREET ADDRESS 1390 DURGE DA. CITY-ST-ZIP LAKE HELEN, FL 32744 CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME RECH, JUDY H NAME STREET ADDRESS 1390 DUROL DR STREET ADDRESS 1390 Duroc DR CITY-ST-ZIP LAKE HELEN, FL 32744 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change [Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED