


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90179 009 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P03000129372</b>                         |  |
| 1. Entity Name<br>TREESCAPES TREE REMOVAL SERVICES INC |   |

|  |  |
|--|--|
| Principal Place of Business<br>1390 DUROC DR Duroc Dr<br>LAKE HELEN, FL 32744 US | Mailing Address<br>1390 DUROC DR Duroc Dr<br>LAKE HELEN, FL 32744 US |
|--|--|

66015370



G2182007 No Chg-P CR2E034 (11/05)

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|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>77-0613096  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>RECH, GREGORY A<br>1390 DUROC DR Duroc Dr<br>LAKE HELEN, FL 32744 |
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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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>RECH, GREGORY A<br>1390 DUROC DR<br>LAKE HELEN, FL 32744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>RECH, JUDY H R<br>1390 DUROC DR<br>LAKE HELEN, FL 32744  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>RECH, JUDY H R<br>1390 DUROC DR<br>LAKE HELEN, FL 32744  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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:** Judy H Rech Greg A Rech 5/14/07 3865321066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #