FILED
Jun 02, 2004 8:00 am
Secretary of State

05-03-2004 90779 019 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134136

1. Entity Name
BRADENTON TREE SERVICE, INC.

66426021

03292004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4308 56TH AVE. DR. E. BRADENTON, FL 34203	4308 56TH AVE. DR. E. BRADENTON, FL 34203

2. Principal Place of Business: 2904 45th St. E.	3. Mailing Address: 2904 45th St. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL.	City & State: Bradenton FL.
Zip: 34208 Country: US	Zip: 34208-- Country: US

4. FEI Number: 80-0083662 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, LUCAS G 5410 26TH ST. W. BRADENTON, FL 34207	Name: Lucas G. Davis Street Address (P.O. Box Number is Not Acceptable): 2904 45th St. E. City: Bradenton FL Zip Code: 34208

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] DATE: 5/27/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVIS, LUCAS G 4308 56TH AVE. DR. E. BRADENTON, FL 34203	☐ Delete	P Lucas G. Davis 2904 45th St. E. Bradenton FL. 34208	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC DAVIS, GINGER L 4308 56TH AVE. DR. E. BRADENTON, FL 34203	☐ Delete	Sec Ginger L. Davis 2904 45th St. E. Bradenton. FL. 34208	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #