

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90024 012 \*\*\*150.00

**DOCUMENT # P03000140395**

1. Entity Name  
**ERIC'S TREE & BOBCAT SERVICE, INC.**



Principal Place of Business: **195 BUCKSKIN LANE OSTEEN, FL 32764**  
 Mailing Address: **195 BUCKSKIN LANE OSTEEN, FL 32764**

2. Principal Place of Business: **1132 maytown Rd**  
 3. Mailing Address: **PO BOX 604**

City & State: **OSTEEN, FL**  
 Zip: **32764** Country: **FL**

07082004 Chg-P CR2E034 (10/03)

4. FEI Number: **20-0459345** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GENEST, ERIC**  
**195 BUCKSKIN LANE**  
**OSTEEN, FL 32764**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): **1132 maytown Rd**  
 City: **OSTEEN** FL Zip Code: **32764**

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]* **President** DATE: **7/8/2004**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS  |                                 |
|---|---------------------------------|
| TITLE: PVST<br>NAME: GENEST, ERIC<br>STREET ADDRESS: 195 BUCKSKIN LANE<br>CITY-ST-ZIP: OSTEEN, FL 32764 | <input type="checkbox"/> Delete |
| TITLE: D<br>NAME: GENEST, ERIC<br>STREET ADDRESS: 195 BUCKSKIN LANE<br>CITY-ST-ZIP: OSTEEN, FL 32764    | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                              | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                              | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                              | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
|---|--|
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: <b>1132 maytown Rd</b><br>CITY-ST-ZIP: <b>OSTEEN, FL 32764</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: <b>1132 maytown Rd</b><br>CITY-ST-ZIP: <b>OSTEEN, FL 32764</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **7/8/04**