


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000140953		
1. Entity Name CUSTOM TREE WORK, INC.		
Principal Place of Business 5423 - 4TH ST. E. BRADENTON, FL 34203	Mailing Address 5423 - 4TH ST. E. BRADENTON, FL 34203	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROBINSON, LAYON F. 442 OLD MAIN STREET BRADENTON, FL 34205		DO NOT WRITE IN THIS SPACE
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO CARDENAS, RONNIE 5423 - 4TH ST. E. BRADENTON, FL 34203	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARDENAS, RONNIE 5423 - 4TH ST. E. BRADENTON, FL 34203	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CARDENAS, CATHERINE 5423 - 4TH ST. E. BRADENTON, FL 34203	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Catherine Cardenas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(Treasurer/Secretary) 2-9-05 941-753-6364 Date Daytime Phone #



01242005 No Chg-P CR2E034 (10/03)

4. FCI Number
90-0134678

Applied For
Not Applicable

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

U00000225864
02/11/05-80054-016 158.75