


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90206 001 \*\*\*150.00

<b>DOCUMENT # P03000146901</b>	
1. Entity Name <b>SUNSHINE TREE SERVICE BY KURT BEAHM INC</b>	

Principal Place of Business <b>5500 LAKE AVENUE SANFORD, FL 32773 US</b>	Mailing Address <b>5500 LAKE AVENUE SANFORD, FL 32773 US</b>
---------------------------------------------------------------------------------	---------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 741593</b> Suite, Apt. #, etc.
-------------------------------------------------------	---------------------------------------------------------------------

City & State <b>ORANGE CITY, FL</b>	City & State <b>ORANGE CITY, FL</b>
Zip <b>32774-1593</b>	Country <b>USA</b>

24068850



04282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>BEAHM, KURT R 5500 LAKE AVENUE SANFORD, FL 32773</b>	
--------------------------------------------------------------------------------------------------------------------	--

4. FEI Number <b>33-1077324</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1655 CRESTMONT AVENUE</b>	
City <b>ORANGE CITY</b>	Zip Code <b>FL 32763</b>

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 <b>Kurt Beahm</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>4-28-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P BEAHM, KURT R 5500 LAKE AVENUE SANFORD, FL 32773</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KURT R BEAHM P.O. Box 741593 ORANGE CITY, FL 32774-1593</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <b>Kurt Beahm</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>4-28-04</b> <small>Date</small>