2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90295 027 ***150.00

DOCUMEN I # P03000151960 1. Entity Name STAN'S TREE SERVICE OF DAYTONA, INC.					03-08-2000 90293	0.027 *** 130	J.00
Principal Place of Business Mailing Address							
1838 NOVA Daytona be	RD EACH, FL 32117	1838 NOVA RD Daytona Beach, Fl 32117					
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		1860 CAROLINA AVE.		· · · · · ·	04262006 Chg-P CR2	2E034 (11/05)	
City & State		City & State Ormand Beach, FL			4. FEI Number 56-2446654		oplied Fer of Applicable
Zip	Country	^{Zip} 32474	Country U.S.A.		5. Certificate of Status Desired	\$8.75 Add Fee Require	
·	6. Name and Address of Curre	nt Registered Agent	Name				
JOHNSON, RONALD N EŚQ 326 S GRANDVIEW AVE , DAYTONA BEACH, FL 32118				Street Address (P.O. Bax Number is Not Acceptable)			
1				ay+,	DNG DEACN	L Zip Cod	14
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or	registere	d agent, or both, in the State of Florida. It		and accept
SIGNATURE	Signature, type or printed came of registered age	231 and early supply No. (NO.1)	E. Registered Agent signatu	ore required w		<u> 25/06</u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campai Trust Fund Contr		\$5.0 Added	00 May Be d to Fees		
10.		ID DIRECTORS	11.	~ ~ .	ADDITIONS/CHANGES TO OFFICERS	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST : DRIGGERS, PERRY S 1641 SELMA AVE HOLLY HILL, FL 32117	Delete	TITLE NAME STREET ADDRESS CHY-S1-ZIP	186	GGERS, PERRYS. OCAROLINA AVE. MOND BEALD, FL 32174	(Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY+ST+ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		100000000000000000000000000000000000000	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	ITILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
THILE NAME		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			CITY \$1-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP			☐ Change	Addition
12. I hereby of indicated of the core	Lon this report or cumplemental report	t is true and accurate and that r apowered to execute this report	my signature shall h as required by Cha	ave the sa	in Chapter 119, Florida Statutes 1 further ame legal effect as if made under oath; thi Florida Statutes, and that my name appea	at Lam an elficer	or director