


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000153299 1. Entity Name NEW LIFE TREE SERVICE CORPORATION	
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Principal Place of Business 1030 SHADY LANE BARTOW, FL 33830	Mailing Address 1030 SHADY LANE BARTOW, FL 33830
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0502607	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent MARTIN, HERBERT E 1030 SHADY LN. BARTOW, FL 33830	DO NOT WRITE IN THIS SPACE
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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 reinstalling) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTIN, HERBERT E 1030 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, JEANETTE 1030 SHADY LN. BARTOW, FL 33830
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**DO NOT WRITE
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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: Jeanette Martin (Jeanette Martin) Sec. 1/9/05 863-534-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #