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May 11, 2006 8:00 am
Secretary of State
05-11-2006 90234 023 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000021330

1. Entity Name
MIKE SHAW'S TREE SERVICE, INC.

400090414

05052006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~7226 MILFORD ROAD~~ 7168 Eastgate Rd MILTON, FL 32570 US	7168 Eastgate Rd ~~7226 MILFORD ROAD~~ MILTON, FL 32570 US

2. Principal Place of Business	3. Mailing Address
7168 Eastgate Rd	7168 Eastgate Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton FL	City & State: Milton FL
Zip: 32570 Country: Santa Rosa	Zip: 32570 Country: Santa Rosa

4. FEI Number: 20-0713945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, MICHAEL
~~7226 MILFORD ROAD~~ 7168 Eastgate Rd
MILTON, FL 32570

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P SHAW, MICHAEL ~~7226 MILFORD ROAD~~ 7168 Eastgate Rd MILTON, FL 32570 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,VP SHAW, TAMMY ~~7226 MILFORD ROAD~~ 7168 Eastgate Rd MILTON, FL 32570 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tammy Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #