## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P04000047696 02-10-2006 90020 003 \*\*\*150.00 ROBART'S TREE SERVICE, INC. Principal Place of Business Mailing Address 55 E BARRER RD PO BOX 982 GLEN ST MARY FL 32040 MACLENNY FL 32063 2. Principal Place of Business 3. Mailing Address 1089 \$ Sunny Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Glenst. Mary City & State City & State Applied For 4. FEI Number 80-0101108 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired BAKER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOOMER, GEORGE M III Street Address (P.O. Box Number is Not Acceptable) 4429 COUNTY ROAD 218 WEST MIDDLEBURG FL 32068 City Zip Code FL 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, typed or praited name of registered again and life if applicable DATE (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Defete Change NAME BENTON, ROBERT W NAME Benton, Robert W STREET ADDRESS 55 E BARBER RD STREET ADDRESS 10)88 Sunny Lane CITY-ST-ZIP MACLENNY FL 32063 CITY+ST-ZIP Glen St. Mary 71.32040 TITLE Delete TITLE ☐ Addition Benton Melinda K NAME BENTON, MELINDA K NAME STREET ADDRESS STREET ADDRESS 55 E BARBER RD 10811 Sunny hane CITY-ST-7IP CITY-ST-ZIP MACLENNY FL 32063 51. MARY 71. 32040 ☐ Detete FITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

FILED

Feb 10, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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: A VERO REPORTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DESCRIPTION OF THE PRINTED NAME OF SIGNING DELICED OR DELICED