

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90286 022 ***150.00

DOCUMENT # P04000048799

1. Entity Name
RAY'S TREE SERVICE, INC.



Principal Place of Business
1869 LINVILLE ROAD
ORMOND BEACH, FL 32174

Mailing Address
1869 LINVILLE ROAD
ORMOND BEACH, FL 32174

50023429



2. Principal Place of Business

3. Mailing Address
P O BOX 730056

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262005

Chg-P

CR2E034 (10/03)

City & State

City & State
ORMOND BEACH FL

4. FEI Number

14-1912640

Applied For
Not Applicable

Zip

Country

Zip
32173

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABTREE, DONNA
1869 LINVILLE ROAD
ORMOND BEACH, FL 32174

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 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
D
CRABTREE, RAY, SR.
1869 LINVILLE ROAD
ORMOND BEACH, FL 32174

☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY CRABTREE

386-676-2848

Date

Daytime Phone #

2/26/05:HLB:CB