2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 A Secretary of State

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DOCUMENT # P0400048799 1. Entity Name RAY'S TREE SERVICE, INC.						Secret	ary of St
1869 LINVI	ice of Business ILLE ROAD EACH, FL 32174	Mailing Address PO BOX 730056 ORMOND BEACH, FL 32173	•		12 01 20 02 03	118 - 1 844 - 18 44 - 18	TIO TAINO ITIITO II ITEE
	DO NOT WRITE	CE	01252007 4. FE! Numb 14-191		CR2E034		
6. Name and Address of Current Registered Agent CRABTREE, DONNA 1869 LINVILLE ROAD ORMOND BEACH, FL 32174			DO NOT WRITE IN THIS SPACE				
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.	Signature, typed or printed name of registered agent and t	d Agent signature required	when reinstating)		DATE	`	
FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS]			***	
11TLE NAME STREET ADDRESS CITY-ST-ZIP	D CRABTREE, RAY SR. 1869 LINVILLE ROAD ORMOND BEACH, FL 32174						
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further ceruify 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.

CICNATUDE:

STREET ADDRESS CITY-ST-ZIP

Maria Cralitice Donna Crabtrice Manager of Signing Officer on Director

3-14-07 386-676-2848

1/25/07: HUB:ch