

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060515

FILED  
Aug 22, 2005  
Secretary of State

Entity Name: ACTION FLORIDA TREE SERVICE, INC

## Current Principal Place of Business:

927 4TH AVE  
DELTONA, FL 32725 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 74144  
ORANGE CITY, FL 32774 US

## New Mailing Address:

PO BOX 741444  
ORANGE CITY, FL 32774 US

FEI Number: 20-0978127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARAGO, MORONI A  
927 4TH AVE  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

ARAGON, MORONI A  
927 4TH AVE  
DELTONA, FL 32725 US

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.

SIGNATURE: MORONI A. ARAGON

08/22/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARAGON, MORONI A  
Address: 927 4TH AVE  
City-St-Zip: DELTONA, FL 32725 US

Title: VP ( ) Delete  
Name: ARAGON, BRISEIDA  
Address: 927 4TH AVE  
City-St-Zip: DELTONA, FL 32725 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRISEIDA L. ARAGON

VP

08/22/2005

Electronic Signature of Signing Officer or Director

Date