

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000065728

1. Entity Name
QUICKSILVER TREE SERVICE, INC.



FILED

May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business
2035 PHILLIPPE PARKWAY
APT 198
SAFETY HARBOR, FL 34695--220 US

Mailing Address
2035 PHILLIPPE PARKWAY
APT 198
SAFETY HARBOR, FL 34695--220 US



DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0540872	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUS, TERRY J
2035 PHILLIPPE PARKWAY
APT 198
SAFETY HARBOR, FL 34695

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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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME KRAUS, TERRY J
STREET ADDRESS 2036 PHILLIPPE PARKWAY APT 198
CITY-ST-ZIP SAFETY HARBOR, FL 34695

1000000557024
05/17/06 80034-014 150.00

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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:

[Signature] *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #