

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90003 038 ***150.00

DOCUMENT # P04000083714

1. Entity Name

RICHARDS TREE SERVICE, INCORPORATED



Principal Place of Business

3160 NE 44 PL
OCALA FL 34479

Mailing Address

3160 NE 44 PL
OCALA FL 34479

2. Principal Place of Business

10999 SW 47 AVE
Suite, Apt. #, etc.

3. Mailing Address

10999 SW 47 AVE
Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

11-3748765

Applied For

Not Applicable

Zip

34476

Country

MARION

Zip

34476

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

POZZUTO, ANDREW
20 S MAGNOLIA AVE
OCALA FL 34474

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITHSON, RICHARD L 3160 NE 44 PL OCALA FL 34479	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Richard L. Smithson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-05

(352)236-1220

Date

Daytime Phone #

ATTACHMENT

50054063

#P04000083714

TO WHOME IT MAY CONCERN

I DIDNT RECEIVE THIS
UNTIL 6-12-05 OR I WOULD
HAVE SENT IT SOONER.

THANK YOU.

~~RICHARD SIMON~~



352-236-1220

IF YOU HAVE ANY QUESTIONS.

THANK YOU