

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137360

Entity Name: A-1 TREE SERVICE, INC.

FILED  
Jul 12, 2005  
Secretary of State

**Current Principal Place of Business:**

1444 FALMOUTH AVE.  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1444 FALMOUTH AVE.  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 20-1700218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COCHRAN, TRACY  
1444 FALLMOUTH AVE.  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

COCHRAN, TRACY  
1444 FALMOUTH 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: TRACY L. COCHRAN

07/12/2005

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: COCHRAN, TRACY  
Address: 1444 FALLMOUTH AVE.  
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete  
Name: ERICKSON, NICHOLAS  
Address: 209 ODHAM  
City-St-Zip: SANFORD, FL 32773

Title: S ( ) Delete  
Name: COCHRAN, TRACY  
Address: 1444 FALLMOUTH AVE.  
City-St-Zip: DELTONA, FL 32725

Title: T ( ) Delete  
Name: ERICKSON, NICHOLAS  
Address: 209 ODHAM  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: COCHRAN, TRACY  
Address: 1444 FALLMOUTH AVE.  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: ERICKSON, NICHOLAS  
Address: 209 ODHAM DRIVE  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COCHRAN, TRACY  
Address: 1444 FALMOUTH AVE.  
City-St-Zip: DELTONA, FL 32725

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

Title: S (X) Change ( ) Addition  
Name: COCHRAN, TRACY  
Address: 1444 FALMOUTH AVE.  
City-St-Zip: DELTONA, FL 32725

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

Title: D (X) Change ( ) Addition  
Name: COCHRAN, TRACY  
Address: 1444 FALMOUTH AVE.  
City-St-Zip: DELTONA, FL 32725

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: TRACY L. COCHRAN

P

07/12/2005

Electronic Signature of Signing Officer or Director

Date