


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90201 040 ***150.00

DOCUMENT # P04000137552

1. Entity Name
TOTAL TREE SERVICE OF SARASOTA, INC.



Principal Place of Business Mailing Address

2356 VINTAGE STREET **2356 VINTAGE STREET**
SARASOTA, FL 34240 **SARASOTA, FL 34240**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05092005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

801703215 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Powers
POWELL, WILLIAM
2356 VINTAGE STREET
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name **William Powers**

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 **William R. Powers (Pres. owner)** DATE **5/11/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POWERS, WILLIAM	
STREET ADDRESS	2356 VINTAGE STREET	
CITY - ST - ZIP	SARASOTA, FL 34240	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POWERS, SHAWN	
STREET ADDRESS	2356 VINTAGE STREET	
CITY - ST - ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **William R. Powers** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR