

2005 FOR PROFIT CORPORATION ANNUAL REPORT

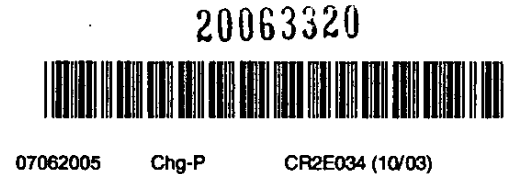
FILED
Jul 13, 2005 8:00 am
Secretary of State

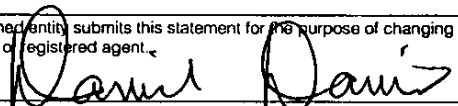
07-13-2005 90016 020 ***150.00

DOCUMENT # P04000138400	
1. Entity Name ANOTHER DAMN TREE SERVICE INC	

Principal Place of Business 110 GRIFFIN DR 12-269D COCOA, FL 32926	Mailing Address 4220 LAMBROS ST COCOA, FL 32926
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5240 Banana Ave. Suite, Apt. #, etc.
City & State	City & State Cocoa, FL
Zip	Country USA

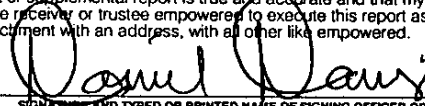


6. Name and Address of Current Registered Agent DAVIS, DANIEL S 4200 LAMBROS ST COCOA, FL 32926		7. Name and Address of New Registered Agent Name DAVIS, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 5240 BANANA AVE. City COCOA FL Zip Code 32926	
8. The above named entity submits this statement 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  DATE 7/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, DANIEL S 4200 LAMBROS ST COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Daniel S. Davis 5240 Banana Ave. Cocoa, FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:  **DATE** **7/7/05** **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR