

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000141286

1. Entity Name  
NEXT DAY TREE TRIMMING AND HAULING INC.



**FILED  
Jul 07, 2005 8:00 am  
Secretary of State**

05-03-2005 90120 037 \*\*\*150.00

Principal Place of Business 4803 N PINE HILLS RD 102 ORLANDO, FL 32808		Mailing Address 4803 N PINE HILLS RD 102 ORLANDO, FL 32808	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  RAYNALD, EUGENE OWNER 4803 N PINE HILLS RD 102 ORLANDO, FL 32808		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	



04292005 Chg-P CR2E034 (10/03)

4. FEI Number  
 Applied For  
 Not Applicable

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

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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  <input type="checkbox"/> Delete RAYNALD, EUGENE OWNER 4803 N PINE HILLS RD #102 ORLANDO, FL 32808	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Delete TITLE 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: *RAYNALD EUGENE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2005  
Date Daytime Phone #