2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 12 PM 4:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P04000156515

1. Entity Name
JS PORTER TREE SERVICE AND DEBRIS REMOVAL INC.

09022005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2924 WARRINGTON AVE. LAKELAND, FL 33813	2924 WARRINGTON AVE. LAKELAND, FL 33813

2. Principal Place of Business	3. Mailing Address
2924 WARRINGTON AVE.	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: LAKELAND, FL	City & State: SAME
Zip: 33803 Country: USA	Zip: Country:

4. FEI Number: APPLIED FOR ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FENTON, STANLEY M 1147 EDGEWOOD DR. LAKELAND, FL 33813	Name: JAMES SCOTT PORTER Street Address (P.O. Box Number is Not Acceptable): 2924 WARRINGTON AVE. City: LAKELAND FL Zip Code: 33803

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: James S Porter James S. Porter 9/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

150.00
FILE NOW!!! FEE IS ~~$550.00~~
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PORTER, JAMES S 2924 WARINGTON AVE. LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FENTON, STANLEY M 1147 EDGEWOOD DR. LAKELAND, FL 33813	☑ Delete	TITLE VP NAME PETER GEORGE TIMCHAK JR. STREET ADDRESS 6111 STRICKLAND AVE. CITY-ST-ZIP LAKELAND, FL 33813	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 600059533[illegible] 09/12/05--01004--012 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP bid not received in time to file 9/12	☐ Change ☐ 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: James S Porter / James S. Porter 9/7/05 863-661-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #