

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90223 050 \*\*\*\*150.00  
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**DOCUMENT # P04000166802**

1. Entity Name  
**THOMAS TREE SERVICE, INC.**



Principal Place of Business      Mailing Address  
P.O. BOX 937      P.O. BOX 937  
BABSON PARK, FL 33827      BABSON PARK, FL 33827

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



06302005      Chg-P      CR2E034 (10/03)      OS

4. FEI Number  
**86-1123477**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSH, GEORGE TRENEN**  
205 AVE. K, S.E.  
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name **Thomas Spiker**

Street Address (P.O. Box Number is Not Acceptable)  
**1130 Interlockin Blvd**

City **Winter Haven**      FL      Zip Code **33880**

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 Thomas Spiker      DATE **6-30-05**

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPIKER, THOMAS P.O. BOX 937 BABSON PARK, FL 33827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: Thomas Spiker      Date **6-30-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #