## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000091293

Entity Name: RAYNOR SHINE TREE SERVICE, INC

FILED Oct 03, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4950 DUCKS ROOST 630 EMERALDA RD. MILTON, FL 32570 STE 105

STE 105 ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

4950 DUCKS ROOST 139 MORRELL CIRCLE
MILTON, FL 32570 HATTIESBURG, MS 39402

FEI Number: 20-3065645 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAYNOR, ANTHONY
4950 DUCKS ROOST
630 EMERALDA RD
MILTON, FL 32570 US
5TE 105

ORLANDO, FL 32808 US

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.

SIGNATURE: ANTHONY RAYNOR 10/03/2006

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:

( ) Delete Title: P (X) Change ( ) Addition

 Name:
 RAYNOR, ANTHONY
 Name:
 RAYNOR, ANTHONY

 Address:
 4950 DUCKS ROOST
 Address:
 630 EMERALDA RD.

 City-St-Zip:
 MILTON, FL 32570
 City-St-Zip:
 ORLANDO, FL 32808

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 RAYNOR, TAMI
 Name:
 RAYNOR, TAMI

 Address:
 4950 DUCKS ROOST
 Address:
 139 MORRELL CIRCLE

 City-St-Zip:
 MILTON, FL 32570
 City-St-Zip:
 HATTIESBURG, MS 39402

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY RAYNOR P 10/03/2006