

Apr-26-04 10:46A

P.02

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                    |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P93000017953</b><br>1. Entity Name<br>J.V. & SONS TREE SERVICE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |   |                                   |
| Principal Place of Business<br>1115 S.W. 7TH AVE<br>DELRAY BEACH, FL 33444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | Mailing Address<br>1115 S.W. 7TH AVE.<br>DELRAY BEACH, FL 33444                    |                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |  |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | 04232004 No Chg-P CR2E034 (10/03)                                                  |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | 4. FE Number<br>65-0394300                                                         | Applied For<br>Not Applicable     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | 5. Certificate of Status Desired <input type="checkbox"/>                          | \$8.75 Additional<br>Fee Required |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                    |                                   |
| VENEGAS, MARY LOU<br>1115 S.W. 7TH AVE<br>DELRAY BEACH, FL 33444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                              |                                   |
| 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, and I am familiar with and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                    |                                   |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                    |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | U000000134173<br>04/28/04-80010-002 150.00                                         |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D                      |                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VENEGAS, MARY LOU      |                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1115 S.W. 7TH AVE      |                                                                                    |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DELRAY BEACH, FL 33444 |                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D                      |                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VENEGAS, JOE           |                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1115 S.W. 7TH AVE.     |                                                                                    |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DELRAY BEACH, FL 33444 |                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                    |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                    |                                   |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                    |                                   |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                    |                                   |
| 12. I hereby certify that the information supplied on this filing does not qualify for non-exempt treatment in Section 2.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true, correct, and accurate and that my signature and name have the same legal effect as if made under oath by a sworn officer or director of the corporation or the person in charge of preparing this report as required by Chapter 607, Florida Statutes, and that the information required by Book 10 or Book 11 is changed or on an attachment will be attached with all other like attachments. |                        |                                                                                    |                                   |
| SIGNATURE: <u>Mary Lou Venegas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | 4-26-04                                                                            |                                   |
| SIGNATURE AND TYPED A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                    |                                   |