2004 FOR PROFIT CORPORATION

Apr 22, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P93000036528 04-22-2004 90018 024 ***150.00 1. Entity Name "FLORIDA LIVING" TREE SERVICE, INC. Principal Place of Business Mailing Address 54038873 6210 NW 77TH STREET 6210 NW 77TH STREET GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 US US 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03142004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3181152 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRERO, JEFFREY T Street Address (P.O. Box Number is Not Acceptable) 2590 SE 31 ST GAINESVILLE, FL 32641 City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change PVST TITLE ☐ Delete TITLE ☐ Addition MARRERO, JEFFREY T NAME NAME STREET ADDRESS STREET ADDRESS 2590 SW 31 ST CITY-ST-ZIP GAINESVILLE, FL 32641 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE MARRERO, DAVID A NAME NAME 1404 NE 19 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32601 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

☐ Delete

☐ Change

Addition

FILED