2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000010006

1. Entity Name
TREE MEDIC TREE SURGEONS, INC.

Principal Place of Business	Mailing Address
6912 CYPRESS LAKE COURT ST. AUGUSTINE, FL 32086	6912 CYPRESS LAKE COURT ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0470681
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UPCHURCH, H. DAVIS JR
UPCHURCH & ESPOSITO, P.A.
1510 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPP
NAME	CONLON, EDWARD P
STREET ADDRESS	6912 CYPRESS LAKE COURT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	STD
NAME	CONLON, DIANA
STREET ADDRESS	6912 CYPRESS LAKE CT
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/04-80013-017 150.00

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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: Diana Conlon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #