

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90020 031 ***150.00

DOCUMENT # P94000010006					
1. Entity Name TREE MEDIC TREE SURGEONS, INC.					
Principal Place of Business 908 WINDWARD WAY SAINT AUGUSTINE, FL 32080 US			Mailing Address 908 WINDWARD WAY SAINT AUGUSTINE, FL 32080 US		
2. Principal Place of Business 120 Crooked Tree Trail Suite, Apt. #, etc.		3. Mailing Address 120 Crooked Tree Trail Suite, Apt. #, etc.			
City & State St. Augustine, FL Zip: 32086 Country: USA		City & State St. Augustine, FL Zip: 32086 Country: USA		03202006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0470681				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL 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 agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP CONLON, EDWARD P 6912 CYPRESS LAKE COURT ST. AUGUSTINE, FL 32086		<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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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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Deanna Hunter</u>			<u>3/20/06</u>		<u>904-794-0003</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #