2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2004 08:00 AM DOCUMENT # P94000076560 **Secretary of State** GULF TO BAY TREE & LANDSCAPE SERVICE, INC. Principal Place of Business Mailing Address **5800 GASPARILLA ROAD** P.O. BOX 1608 BILDING G, SUITE C BOCA GRANDE, FL 33921 **BOCA GRANDE, FL 33921** 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0528126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEVITSKI, MARK K DO NOT WRITE 5290 PLACIDA RD GROVE CITY, FL 34224 IN THIS SPACE 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE U00000100338 04/01/04-80002-023 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS BBF NAME MARK K. SHEVITSKI STREET ADDRESS 5290 PLACIDA ROAD C(TY-51-78) GROVE CITY, FL 34224 TITLE NAME STREET ADDRESS CUTY-SX-ZP MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

Mark Shelv + 5 f

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR ORSECTOR

Davima Phona &

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