2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 08:00 AM Secretary of State

Daytime Phone #

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DOCUMENT # P95000014622 1. Entity Name MICHAEL'S TREE SERVICE - LANDSCAPING, INC.							Sec	retary o	f State	
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Principal Place of Business Mailing Address						1				
6241 N.W. 18TH STREET 6241 N.				241 N.W. 18TH STREET						
SUNRISE, FL	33313		SUNRISE, FL 33	SUNRISE, FL 33313						
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2. Principal Place of Business 3. Mailing Address										
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Suite, Apt.	#. etc.		Suite Apt # et	Suite, Apt. #, etc.						
			22.20,	501(6, 71ps, 4, 616)			Chg-P	CR2E034 (10/0	13)	
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City & State			City & State			4. FEI Number		<u> </u>	Applied For	
						65-0735	340	- <u></u> L	Not Applicable	
Zip		Country	Zip	Cour	ntry	E Cortificate of	Status Dazirad	58.75	Additional	
	Į			Ì		5. Certificate of Status Desired Fee Required				
	6. Name	and Address of Curr	ent Registered Agent	Registered Agent			7. Name and Address of New Registered Agent			
					Name					
WILLIAMS	NAICHAE	1								
					Street Address (P.O. Box Number is Not Acceptable)					
6241 N.W. 18TH STREET					Street Address (F.O. Sox Namber is Not Acceptable)			í		
SUNRISE,	, FL 3331.	•								
					J					
					City			r ™∎ Zin (Code	
					\ ,			FL Zip (3000	
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.										
•	/1/	X I/n							-	
SIGNATURE OF SIGNA										
Signature, typed or printed name of registered agent and title (applicable. (NOTE Registered Agent signature required when reinstating) DATE										
9. Election Campaign Financing \$5.00 May Be										
		FEE IS \$150.00		nd Contribution.	· — ~	5.00 May Be				
Atter M	ay 1, 200:	5 Fee will be \$5!	50,00 Hustra	na contraction.	₩ ~	aded to rees				
10.		OFFICEDS /	IND DIRECTORS	11.		ADDITIONS (C	DANGES TO OFF	CERS AND DIRECT	OPC IN 11	
	T = 0	OFFICERS				ADDITION\$70	I MIGES 10 Of 1			
TITLE	PD		☐ Dele	ete TITL	E [☐ Chan	ige 🔲 Addition	
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12. I nereby i	certify that the	a information supplied tor supplemental road	with this filling does not quot is true and accurate ar	uality for the exe	emption stated in t	section 119.07(3)(i), e same legal effect :	riorida Statutes. I as if made under d	iurtner certify that the	ne information	
of the cot	rnoration or th	ie receiver or trustee e	mnowered to execute this	s report as requi	ired by Chapter 6	07, Florida Statutes:	and that my name	appears in Block 1	O or Block 11 if	
changed.	, or on an atta	chment with an addre	ss, with all other like emp	owered.		- 7	,		ľ	