FILED 2005 FOR PROFIT CORPORATION Apr 30, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P95000056523** 1. Entity Name M.A.C. TREE REMOVAL, INC. Principal Place of Business Mailing Address 8669 GARDEN STREET 8669 GARDEN STREET JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219 03292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied for 4. FEI Number 59-3327736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCPHILOMY, CHUCK DO NOT WRITE 8669 GARDEN STREET JACKSONVILLE, FL 32219 IN THIS SPACE 3. 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, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent agristians required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TILE MCPHILOMY, CHUCK HASE STREET ADDRESS 8669 GARDEN STREET CHY-SI-ZP JACKSONVILLE, FL 32219 MD THE MCPHILOMY, MICHAEL C. 8665 GARDEN CT. STREET ALVERIESS U00000349467 05/02/05-80066 008 150.00 CITY-ST-ZIP JACKSONVILLE, FL BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS DIY-SI-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP MUL

12. I hereby certify that the information supplied with this fitting 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 comporation 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:

NAME STREET ADDRESS CITY-ST-ZIP

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APRIL 29, 2005

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