


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90037 031 ***150.00

DOCUMENT # P95000090887

1. Entity Name
 SHIELDS TREEMASTERS, INC.



Principal Place of Business
 512 RUTILE DR
 PONTE VEDRA BEACH, FL

Mailing Address
 512 RUTILE DR
 PONTE VEDRA BEACH, FL

2. Principal Place of Business
 518 PONTE VEDRA BLVD

3. Mailing Address
 518 PONTE VEDRA BLVD

Suite, Apt. #, etc.



01312006 Chg-P CR2E034 (11/05)

City & State
 PONTE VEDRA FL

City & State
 PONTE VEDRA FL

Zip
 32082

Country
 USA

Zip
 32082

Country
 USA

4. FEI Number
 59-3341395

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, JOHN H III
 512 RUTILE DRIVE
 PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name
 SHIELDS, JOHN H III

Street Address (P.O. Box Number is Not Acceptable)
 518 PONTE VEDRA BLVD

City
 PONTE VEDRA FL

Zip Code
 32082

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: C. Shields DATE: 2/6/2006

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, JOHN H III 512 RUTILE DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIELDS, CHRISTINE 512 RUTILE DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS JOHN H III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 518 PONTE VEDRA BLVD PONTE VEDRA FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIELDS, CHRISTINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 518 PONTE VEDRA BLVD PONTE VEDRA FL 32082
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"/> Change <input type="checkbox"/> Addition
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"/> 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: C. Shields DATE: 2/6/2006 DAYTIME PHONE: 9042854625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR