2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # P96000019889 1. Entity Name 04-15-2004 90011 001 ***150.00 STARLING TREE SERVICE, INC. Principal Place of Business Mailing Address **724 58TH STREET** 724 58TH STREET WEST PALM BEACH FL 33407 54033777 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0508112 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARLING, WILLIE 724 58TH STREET Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ■ Addition NAME STARLING, WILLIE NAME STREET ADDRESS 724 58TH STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition STARLING WILLIE JR. NAME NAME STREET ADDRESS 724 58TH STREET STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STARLING, LAWRENCE T NAME STREET ADDRESS 724 58TH STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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