

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**FILED
04 OCT 18 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000046039			
1. Entity Name TWIN TREE SERVICE, INC.			
Principal Place of Business 11450 NW 56 DR APT 110 CORAL SPRINGS, FL 33076 US		Mailing Address 11450 NW 56 DR APT 110 CORAL SPRINGS, FL 33076 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0679877		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOALE, KEITH V 11450 NW 56TH DR APT 110 CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOALE, KEITH V 11450 N.W. 56TH DR. CORAL SPRINGS, FL 33076 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MOALE, HOLLIE R. 11450 NW 56 DR APT. 110 CORAL SPRINGS, FL 33076 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOALE, HOLLIE R. 11450 NW 56TH DR APT. 110 CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041939313 10/18/04--01070--004 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Hollie R. Moale</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/14/04 954-6198600 Date Daytime Phone	