2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90006 011 ***150.00

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1. Entity Name
SCOTT'S TREE SERVICE, INC.

Principal Place of Business
6745 N OLD DIXIE HIGHWAY
FORT PIERCE, FL 34946 US

Mailing Address
6745 N OLD DIXIE HIGHWAY
FORT PIERCE, FL 34946 US

02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0700954
( ) Applied For
( ) Not Applicable

5. Certificate of Status Desired — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, SCOTT
2046 14TH DR
VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

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) — Registered agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH SCOTT
STREET ADDRESS ~~855 US HIGHWAY 1~~ 2046 14th Drive
CITY-ST-ZIP ~~VERO BEACH FL 32960~~ Vero Beach Fl 32960

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Smith Scott Smith 2-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date (mm/dd/yyyy)