

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047371

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: PRO TREE SPECIALISTS, INC.

## Current Principal Place of Business:

4501 W BALLAST POINT BLVD  
SUITE B  
TAMPA, FL 33611

## New Principal Place of Business:

4836 W BAY COURT AVE  
TAMPA, FL 33611

## Current Mailing Address:

P O BOX 130373  
TAMPA, FL 336810373

## New Mailing Address:

FEI Number: 59-3450659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHESHIRE, THOMAS G  
4501 BALLAST POINT BLVD.  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

CHESHIRE, THOMAS G  
4836 W BAY COURT AVE  
TAMPA, FL 33611 US

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.

SIGNATURE: THOMAS G CHESHIRE

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CHESHIRE, THOMAS G  
Address: 4501 BALLAST POINT BLVD.  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CHESHIRE, THOMAS G  
Address: 4836 W BAY COURT AVE  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G CHESHIRE

D

04/13/2006

Electronic Signature of Signing Officer or Director

Date