


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000087895</b> 1. Entity Name <b>PHILLIPS' TREE SERVICE, INC.</b>	
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Principal Place of Business <b>174 DUSK WAY FT. PIERCE, FL 34945</b>	Mailing Address <b>174 DUSK WAY FT. PIERCE, FL 34945</b>
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6. Name and Address of Current Registered Agent  <b>BOYD, J. CURTIS ESQ 117 S 2ND STREET SUITE 208 FT. PIERCE, FL 34950</b>
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01282004 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-0805194</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000034596 02/05/04-80091-005 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S PHILLIPS, LEAH 5069 MARGARET ANN LANE FT PIERCE, FL 34946</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP PHILLIPS, DWAYNE 465 WEST COKER RD FT PIERCE, FL 34945</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PHILLIPS, JACKSON M JR 174 DUSK WAY FT PIERCE, FL 34945</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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:** Leah Phillips **2-3-04** **772-461-4144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #