≥.∪05-FOR PROFIT CORPORATION ANNUAL REPORT (AR) 7/27/2005-90049-018-\$150.00-\$150.00 DOCUMENT # P98000045352 1. Entity Name TAYLOR'S TREE SERVICE, INC. 05 AUG 19 1111: 49 Principal Place of Business Mailing Address 17118 50TH STREET (NORTH) LOXAHATCHEE FL 33470-9179 17118 50TH STREET (NORTH) LOXAHATCHEE FL 33470-9179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number City & State City & State 65-0836430 Not Applicable Zip Country 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 Name TAYLOR, RUSSELL R Street Address (P.O. Box Number is Not Acceptable) 17118 50TH STREET (NORTH) LOXAHATCHEE FL 33470-9179 City Zip Code FL 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 (amiliar with, and accept the obligations of registered agent. SIGNATURE Sgneture, typed or printed name of regulared agent and tale 4 applicable (NOTE: Registered Agent trignature required when reinstating) Recived ON 7-20-05 9. Election Campaign Financing FILE NOW!!! -FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change ☐ Addition TAYLOR, RUSSELL R MAME MANE 17118 50TH STREET (NORTH) STREET ADDRESS STREET ADDRESS CITY-ST-71P LOXAHATCHEE FL 33470-9179 CITY-S1-ZIP THE ☐ Celete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hitf ☐ Defete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP HILE Ociete HILE Change ☐ Addition NAM? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change € Addition NAME NAME STREET ADDRESS STREET ADDRESS CIFY-ST-ZIP CITY-ST-ZIP TATLE Deleta THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 12. Thereby certify that the information supplied with this filling 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 it made under eath; 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.

RUSSELL R TOYLOR

SIGNATURE: RUSS ell R
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAND OFFICER OR DIRECTOR

I RUSSELL TAYLOR OWNER and president OF TAYLORS TREE SERVICE INC. PID NOT RECIVE a FIRST LETTER and when F Recived A NOTICE_

FN July, & I Sext a

Check & signed The Form ON 7- 20-05, E mailed mailed That pax, " Should you recol to call, \$61. 791-7800 561 753-8/64