

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90002 021 ***150.00

DOCUMENT # P98000052114

1. Entity Name
GAMEZ PALMS & TREE SERVICE, CORP.



Principal Place of Business
**594 RISING SUN CIRCLE
MASCOTTE, FL 34753**

Mailing Address
**594 RISING SUN CIRCLE
MASCOTTE, FL 34753**

2. Principal Place of Business
N Hwy 33 / Prospect St.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Mascotte FL

Zip
34753

Country
U.S.A.

05162005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3526597

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GAMEZ, ARTURO
594 RISING SUN CIRCLE
MASCOTTE, FL 34753**

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 *Arturo G. Gamez* DATE **6-1-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	P GAMEZ, ARTURO 594 RISING SUN CIRCLE MASCOTTE, FL 34753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arturo G. Gamez* DATE **6-1-05** DAYTIME PHONE # **3524284323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR