


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 014 ***150.00

DOCUMENT # P99000045052	
1. Entity Name SUN STATE TREES & PROPERTY MAINTENANCE, INC.	

Principal Place of Business 150 EAST STATE ROAD 434 LONGWOOD, FL 32750	Mailing Address 150 EAST STATE ROAD 434 LONGWOOD, FL 32750
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34030837

2. Principal Place of Business 295 Lyman Road	3. Mailing Address 295 Lyman Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Casselberry, FL 32707	City & State Casselberry FL
Zip 32707	Zip FL 32707
Country Seminole	Country Seminole

01092004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3578530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NELLIS, DOROTHY J 264 WEST STATE ROAD 134 LONGWOOD, FL 32750	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 858 Wildmere	
City Longwood	FL Zip Code 32750

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 Dorothy J. Nellis	DATE 4/9/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NELLIS, RANDALL A 858 WILDMERE AVENUE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELLIS, DOROTHY J 858 WILDMERE AVENUE LONGWOOD, FL 32750 <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: Dorothy J. Nellis	DATE 4/9/04 DAYTIME PHONE 407-834-0925