2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 04, 2006 08:00 AM Secretary of State **DOCUMENT # P99000058803** 1. Entity Name JAMES EVANS TREE SURGEONS, INC. Mailing Address Principal Place of Business 9211 MAX-MIDDLEBURG RD. 9211 MAX-MIDDLEBURG RD. BALDWIN, FL 32234 BALDWIN, FL 32234 CR2E034 (11/05) No Chg-P 05032006 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3586613 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent EVANS, NORA M DO NOT WRITE 9211 MAX-MIDDLEBURG RD. BALDWIN, FL 32234 IN THIS SPACE 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. U00000562509 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Applied For

\$8.75 Additional

Fee Required

Not Applicat!

Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE EVANS, JAMES C PRES. NAME STREET ADDRESS 9211 MAX-MIDDLEBURG RD. CITY-ST-ZiP BALDWIN, FL 32234 EVANS, NORA M V-PRES. NAME 9211 MAX-MIDDLEBURG RD. STREET ADDRESS CATY-ST-ZIP BALDWIN, FL 32234 TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.