


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90245 040 ***150.00

DOCUMENT # P99000081059	
1. Entity Name PHASE 4 TREE SPECIALIST, INC.	

Principal Place of Business 6408 OLYMPIA AVE. TAMPA FL 33634	Mailing Address 6408 OLYMPIA AVE. TAMPA FL 33634
<i>1016 DB Leisure ave Tampa FL 33613</i>	<i>1016 Leisure ave Tampa FL 33613</i>

40050001



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-3595725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERRIOS, DAVID 6408 OLYMPIA AVE. TAMPA, FL 33634	<i>1016 DB Leisure ave Tampa FL 33613</i>
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**DO NOT WRITE
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:

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIOS, DAVID 6408 OLYMPIA AVE. TAMPA, FL 33634 <i>1016 DB Leisure ave Tampa FL 33613</i>
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE *[Signature]* 5/11/06 813-887-1836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #