## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2004 08:00 AM Secretary of State DOCUMENT # S54197 1. Entity Name A + TREE SERVICE, INC. Principal Place of Business Mailing Address 2512 OVERLAKE AVE. 2512 OVERLAKE AVE. ORLANDO, FL 32806 ORLANDO, FL 32806 04192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3069233 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 5. Name and Address of Current Registered Agent HILLMAN, RANDY DO NOT WRITE 203 HILLCREST ST ORLANDO, FL 32801 IN THIS SPACE 3. 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, typed or printed name of registored agent and title if applicable. (NOTE: Regimered Agent aignature required when reinstating) DATE U00000122528 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Added to Fees Trust Fund Contribution. 04/21/04-80032-015 150.00 OFFICERS AND DIRECTORS 10. TITLE CRAIG, SHERRI L NAME 2512 OVERLAKE AVE STREET ADDRESS ORLANDO, FL 32806 DTY-57-29 BRLE MARKE STREET ADDRESS D/TY-57-73P THE NAME STREET ADDRESS DO NOT WRITE CXTY-ST-ZIP IN THIS SPACE TITLE

12. I hereby 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 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Doytime Phone #

**FILED**