

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State



MOORE CR2E034 (11/03)

DOCUMENT # 830990				1. Entity Name		THE F.A. BARTLETT TREE EXPERT COMPANY	
Principal Place of Business				Mailing Address			
1290 EAST MAIN STREET STAMFORD CT 06902				P.O. BOX 3067 STAMFORD CT 06905			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
				4. FEI Number		06-0254490	
				5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANIELS, GREGORY S			NAME			
STREET ADDRESS	1290 EAST MAIN STREET			STREET ADDRESS	U00000014303		
CITY-ST-ZIP	STAMFORD CT 06902			CITY-ST-ZIP	01/27/04-80018-010 150.00		
TITLE	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTLETT, ROBERT A JR.			NAME			
STREET ADDRESS	1290 EAST MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06902			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOBIN, FREDERICK M			NAME			
STREET ADDRESS	1290 E MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06902			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIGNORINI, JOHN E			NAME			
STREET ADDRESS	1290 EAST MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06902			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KABURECK, GEORGE R			NAME			
STREET ADDRESS	121 HIGHLAND AVE.			STREET ADDRESS			
CITY-ST-ZIP	ROWAYTON CT 06853			CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CIRILLO, NICHOLAS J			NAME			
STREET ADDRESS	1290 E MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06902			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 (203) 323-1131
 Date Daytime Phone #