

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000156091

**Entity Name:** ARBOR RIDGE TREE SERVICE INC.

**Current Principal Place of Business:**

9642 WINDER TRAIL  
ORLANDO, FL 32817

**Current Mailing Address:**

9642 WINDER TRAIL  
ORLANDO, FL 32817

**FEI Number:** 14-1918419

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOREY, ROBERT  
9642 WINDER TRAIL  
ORLANDO, FL 32817 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name STOREY, ROBERT  
Address 9642 WINDER TRAIL  
City-State-Zip: ORLANDO FL 32817

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT STOREY**

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date