

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H93176

FILED
Sep 06, 2007
Secretary of State

Entity Name: ARBOR TREE MANAGEMENT, INC.

Current Principal Place of Business:

2200 BEE RIDGE RD.
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1800 BAY RD.
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-2620446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLIN, THOMAS J
200 S. ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPST (X) Delete
Name: DICKINSON, PATRICK H. .
Address: 2200 BEE RIDGE RD.
City-St-Zip: SARASOTA, FL 34239

Title: PD () Delete
Name: GEYER, ROBERT W
Address: 1800 BAY RD
City-St-Zip: SARASOTA, FL 34239

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: OZBURN, DOROTHY C
Address: 1800 BAY ROAD
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT W. GEYER

PRES

09/06/2007

Electronic Signature of Signing Officer or Director

Date