


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 023 ***150.00

DOCUMENT # P01000033717 1. Entity Name ARBOR RIDGE TREE FARM, INC.			
Principal Place of Business 9101 FORT KING ROAD DADE CITY, FL 33525-0836		Mailing Address 9101 FORT KING ROAD DADE CITY, FL 33525-0836	
2. Principal Place of Business - No P.O. Box # 37828 SKYRIDGE CR.		3. Mailing Address 37828 SKYRIDGE CR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DADE CITY, FL		City & State DADE CITY, FL	
Zip 33525		Zip 33525	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-3710955		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fec Required	
6. Name and Address of Current Registered Agent RINALDO, JAMES E 9101 FORT KING ROAD DADE CITY, FL 33525-0836		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 37828 SKYRIDGE CR. City FL Zip Code	
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, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DPT RINALDO, JAMES E 9101 FORT KING ROAD DADE CITY, FL 335250836	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37828 SKYRIDGE CR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RINALDO, MICHAEL J 8147 DREW STREET ENGLEWOOD, FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date 3-13-07 Daytime Phone # 813-788-2715	