



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000153356						FILED 07 MAY 22 PM 3:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ARBOR LANDSCAPING, INC.							
Principal Place of Business 35 CROMPTON PLACE PALM COAST, FL 32137		Mailing Address 35 CROMPTON PLACE PALM COAST, FL 32137					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 92-0189375				Applied For <input type="checkbox"/> Not Applicable		05142007 Chg-P CR2E034 (12/06) \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input checked="" type="checkbox"/>							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PRICKETT, DANIEL T 35 CROMPTON PLACE PALM COAST, FL 32137				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <i>Daniel T Prickett</i> <small>Signature typed or printed name of registered agent and title, if applicable</small>				DATE 5-15-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				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	P PRICKETT, DANIEL T 35 CROMPTON PLACE PALM COAST, FL 32137 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700104674577 06/21/07--01048--018 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICKETT, THOMAS M 35 CROMPTON PL PALM COAST, FL 32137 <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	D PRICKETT, MATTEW W 35 CROMPTON PLACE PALM COAST, FL 32137 <input checked="" 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	D Taylor Prickett 35 Crompton Place Palm Coast, FL 32137 <input type="checkbox"/> Change <input checked="" 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: <i>Daniel T Prickett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/15/07 Daytime Phone # 386-931-4023			