

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90003 029 ***150.00

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1. Entity Name
ARBORSCAPE STUDIO, INC.



Principal Place of Business
**8007 122ND AVENUE EAST
PARRISH, FL 34219**

Mailing Address
**8007 122ND AVENUE EAST
PARRISH, FL 34219**

50021253



2. Principal Place of Business

3. Mailing Address

05012006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2709746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAW, TIM
8007 122ND AVENUE EAST
PARRISH, FL 34219**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D SHAW, TIM**
STREET ADDRESS **8007 122ND AVENUE EAST**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06
Date

941-345-5594
Daytime Phone #



ATTACHMENT
Arborscape
Studio, Inc.

Landscape Architecture, Construction Management & Tree Location /Assessments

To whom it my concern,

50021253
#P05 000065398

Unfortunately, I was out of town when my attorney called to remind me that my Annual Report was due. He suggested that I send this letter explaining why I am late filling. This was my first year owning and operating my own company and I am aware that I may have to pay the additional fee including the late fee (additional \$400)..

At this time I have enclosed a check for \$150 as directed by my attorney. If the additional fees are required please let me know and I will forward them ASAP.

If you have any additional comments or concerns, please feel free to contact me at 941-345-5594 or via email at tim@arborscapestudio.com.

Cordially yours,

Tim Shaw, RLA
LA6666764
Arborscape Studio, Inc.