

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P05000065398**

1. Entity Name  
**ARBORSCAPE STUDIO, INC.**



**FILED**

**08 JUN 18 PM 1:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**06132008 Chg-P CR2E034 (12/06)**

Principal Place of Business <b>8007 122ND AVENUE EAST PARRISH, FL 34219</b>		Mailing Address <b>8007 122ND AVENUE EAST PARRISH, FL 34219</b>	
2. Principal Place of Business - No P.O. Box # <b>931 OLYMPIA ROAD</b>		3. Mailing Address <b>931 OLYMPIA ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>VENICE, FL</b>		City & State <b>VENICE, FL</b>	
Zip <b>34293</b>	Country <b>USA</b>	Zip <b>34293</b>	Country <b>USA</b>
4. FEI Number <b>20-2789746</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHAW, TIM 8007 122ND AVENUE EAST PARRISH, FL 34219</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  <b>931 OLYMPIA ROAD</b> City <b>VENICE</b> FL Zip Code <b>34293</b>	
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 <u><i>Tim Shaw</i></u> <b>6/13/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D SHAW, TIM 8007 122ND AVENUE EAST PARRISH, FL 34219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAW, TIM 931 OLYMPIA ROAD VENICE, FL 34293</b> <input checked="" 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
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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:** *Tim Shaw* **TIM SHAW** *president* **6/13/08** **(941)345-5594**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #