2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P08000053776

Entity Name: COMPLETE ARBOR AND LAWN CARE INCORPORATED

Current Principal Place of Business:

16236 VIA SOLERA CIRCLE
105
FORT MYERS, FL 33908

New Principal Place of Business:

1262 STADLER DRIVE
FORT MYERS, FL 33901

Current Mailing Address:

16236 VIA SOLERA CIRCLE
105
FORT MYERS, FL 33908 US

New Mailing Address:

1262 STADLER DRIVE
FORT MYERS, FL 33901

FEI Number: 26-2715504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBLENTZ, THOMAS E SR
16236 VIA SOLERA CIRCLE
105
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

COBLENTZ, THOMAS E SR
1262 STADLER DRIVE
FORT MYERS, FL 33901 US

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: _____ 01/08/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: COBLENTZ, THOMAS E SR
Address: 16236 VIA SOLERA CIRCLE APT. 105
City-St-Zip: FORT MYERS, FL 33908 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COBLENTZ, THOMAS E SR
Address: 1262 STADLER DRIVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: VP ( ) Change (X) Addition
Name: COBLENTZ, PAUL M
Address: 18370 MATT ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

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: THOMAS COBLENTZ PRES 01/08/2009
Electronic Signature of Signing Officer or Director — Date