

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079694

Entity Name: JEFF'S ARBOR CARE, INC.

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8892 SW FISHERMANS WHARF DR  
STUART, FL 349979116

**New Principal Place of Business:**

**Current Mailing Address:**

8892 SW FISHERMANS WHARF DR  
STUART, FL 349979116

**New Mailing Address:**

FEI Number: 45-3246232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWEN, JEFF  
8892 SW FISHERMANS WHARF DR  
STUART, FL 349979116 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BOWEN, JEFF  
Address: 8892 SW FISHERMANS WHARF DR  
City-St-Zip: STUART, FL 349979116

Title: VS  
Name: BOWEN, SUSAN  
Address: 8892 SW FISHERMANS WHARF DR  
City-St-Zip: STUART, FL 349979116

I hereby 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 all other like empowered.

SIGNATURE: JEFF BOWEN

PRES

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date