2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P94000053171

Entity Name: JASONS ARBORCARE SERVICE, INC.

Current Principal Place of Business:

639 BLUEBELL CT
WELLINGTON, FL 33414 US

New Principal Place of Business:

11090 81ST CT. N.
WEST PALM BEACH, FL 33412 US

Current Mailing Address:

639 BLUEBELL CT
WELLINGTON, FL 33414 US

New Mailing Address:

11090 81ST CT. N.
WEST PALM BEACH, FL 33412 US

FEI Number: 65-0532195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EBERSOLD, JASON M
639 BLUEBELL CT
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

EBERSOLD, JASON M
11090 81ST CT. N
WEST PALM BEACH, FL 33412 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: 04/07/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EBERSOLD, JASON M
Address: 639 BLUEBELL CT
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: EBERSOLD, TERESA
Address: 639 BLUEBELL CT
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EBERSOLD, JASON M
Address: 11090 81ST CT N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM (X) Change ( ) Addition
Name: EBERSOLD, TERESA
Address: 11090 81ST CT. N
City-St-Zip: WEST PALM BEACH, FL 33412

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: TERESA EBERSOLD MGRM 04/07/2009
Electronic Signature of Signing Officer or Director — Date