2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000003495

1. Entity Name

ARBÓGAST INVESTMENT ADVISORS, INC.



Apr 23, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business

108 W NEW HAVEN AVE MELBOURNE, FL 32901

Mailing Address

108 W NEW HAVEN AVE MELBOURNE, FL 32901



DO NOT WRITE IN THIS SPACE

O4212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3422726 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

ARBOGAST, MICHAEL L 108 W NEW HAVEN AVE MELBOURNE, FL 32901

SIGNATURE.

(13)

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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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE ARBOGAST, MICHAEL L NAME STREET ADDRESS 108 W NEW HAVEN AVE CITY-ST-ZIP MELBOURNE, FL 32901 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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DATE

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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 Mrs and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like phoowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2//00

Date

Daytime Phone #