


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90155 034 ***150.00

DOCUMENT # 406406 1. Entity Name ARBOR PROPERTIES, INC.	
--	---

Principal Place of Business 150 OXFORD ROAD, SUITE 140 P.O. BOX 300534 FERN PARK, FL 32730-0534 US	Mailing Address 150 OXFORD ROAD, SUITE 140 P.O. BOX 300534 FERN PARK, FL 32730-0534 US
---	---

40058918



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1410245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROBINSON, JOSEPH D IV 150 OXFORD ROAD SUITE 140 FERN PARK, FL 32730

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBINSON, JOSEPH D IV 150 OXFOD ROAD, SUITE 140 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD ROBINSON, PETER G 150 OXFORD ROAD, SUITE 140 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SHUTTS, ROBERT T. 150 OXFORD ROAD, SUITE 140 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS RIDGWAY, JANET L 705 YOUNGSTOWN PARKWAY #359 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Joseph D. Robinson, IV 4/10/07 407-831-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #