

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

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



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

U00000903587
04/30/08-80053-004 150.00

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, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2008

Daytime Phone #

407-831-2211