

**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
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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 APRIL 15, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-831-2211  
Daytime Phone #