

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # H10554 1. Entity Name ARBORS MANAGEMENT & REALTY, INC.	
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Principal Place of Business 2189 CLEVELAND STREET #225 CLEARWATER, FL 33765	Mailing Address 2189 CLEVELAND STREET #225 CLEARWATER, FL 33765
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02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2426352	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMPSON, JEFFREY O 2189 CLEVELAND STREET #225 CLEARWATER, FL 33765

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000115866 04/16/04-80041-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WARD, JACOB B. 3388 WAYNE AVE BRONX, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOMBER, MATTHEW J. 6181 PALM DEL MAR BD#128 ST.PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, JEFFREY O 2430 13TH AVE S.W. LARGO, FL 34640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jeffrey O. Thompson* **4-14-04** **727-462-9999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JEFFREY O. THOMPSON