

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # H10554	
1. Entity Name ARBORS MANAGEMENT & REALTY, INC.	



Principal Place of Business 2189 CLEVELAND STREET #225 CLEARWATER, FL 33765	Mailing Address 2189 CLEVELAND STREET #225 CLEARWATER, FL 33765
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04172006 No Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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	OP DOMBER, MATTHEW J. 8181 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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UD00000523164
05/03/06-80061-016, 150.00

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 person or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all changes empowered.

SIGNATURE: **Jeffrey O. Thompson** **4-17-06** **727-462-9999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR