


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # H10554</b>  |   |  |
| 1. Entity Name<br>ARBORS MANAGEMENT & REALTY, INC.                                |   |   |
| Principal Place of Business<br>2189 CLEVELAND STREET #225<br>CLEARWATER, FL 33765 | Mailing Address<br>2189 CLEVELAND STREET #225<br>CLEARWATER, FL 33765 |   |



03152007 No Chg-P CR2E034 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br>59-2426352  | Applied For<br><input type="checkbox"/> 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<br><br>THOMPSON, JEFFREY O<br>2189 CLEVELAND STREET<br>#225<br>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 reissuing) 000000700052

**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

04/24/07-80018-012 150.00

| 10. OFFICERS AND DIRECTORS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | DST<br>WARD, JACOB B.<br>3388 WAYNE AVE<br>BRONX, NY                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | DP<br>DOMBER, MATTHEW J.<br>6181 PALM DEL MAR BD#128<br>ST. PETERSBURG, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | V<br>THOMPSON, JEFFREY O<br>2430 13TH AVE S.W.<br>LARGO, FL 34640          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:**

*Jeffrey O. Thompson*  
JEFFREY O. THOMPSON

4-10-2007

727-462-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #