

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H38782**

1. Entity Name

ARVANT AND REIS, P.A.



Principal Place of Business

1621 EAST VINE ST.  
SUITE A  
KISSIMMEE, FL 34744

Mailing Address

1621 EAST VINE ST.  
SUITE A  
KISSIMMEE, FL 34744



01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2491253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARVANT, WILLIAM J  
1737 ST. TROPEZ CT  
KISSIMMEE, FL 34744

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000640737  
02/28/07-80078-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	ARVANT, WILLIAM J
STREET ADDRESS	1737 ST TROPEZ CT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VPD
NAME	REIS, LAWRENCE J.
STREET ADDRESS	1819 CHERRYWOOD CT
CITY-ST-ZIP	ST CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. ARVANT

2/16/07

407-847-2898

Date

Daytime Phone #