

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 004 ***150.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name Lawrence J. Reis

Street Address (P.O. Box Number is Not Acceptable)

1819 Cherrywood Ct

City

St. Cloud

FL

Zip Code

34769

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]

(NOTE: Registered Agent signature required when reinstating)

2-5-08

DATE

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

10. OFFICERS AND DIRECTORS

TITLE PDST ☒ Delete
NAME ARVANT, WILLIAM J
STREET ADDRESS 1737 ST TROPEZ CT
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE VPD ☐ Delete
NAME REIS, LAWRENCE J.
STREET ADDRESS 1819 CHERRYWOOD CT
CITY-ST-ZIP ST CLOUD, FL 34769

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/S/T/D ☒ Change ☐ Addition
NAME Reis, Lawrence J.
STREET ADDRESS 1819 Cherrywood Ct, St Cloud FL
CITY-ST-ZIP 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-08

Date

407-847-2898

Daytime Phone #