

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90004 008 \*\*\*150.00

**DOCUMENT # H66459**

1. Entity Name  
ARBAN & ASSOCIATES, INC.



Principal Place of Business  
1464 LINE ROAD  
PONCE DE LEON, FL 32455

Mailing Address  
1464 LINE ROAD  
PONCE DE LEON, FL 32455

**50003535**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
59-2894585

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARBAN, ROBERT M.  
1176 ALFORD ROAD  
PONCE DE LEON, FL 32455

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ARBAN, ROBERT M.  
STREET ADDRESS 1176 ALFORD RD  
CITY-ST-ZIP PONCE DE LEON, FL

TITLE DST ☐ Delete  
NAME ARBAN, SYLVIA J.  
STREET ADDRESS 1176 ALFORD RD  
CITY-ST-ZIP PONCE DE LEON, FL

TITLE D ☐ Delete  
NAME ALFORD, TIMOTHY C.  
STREET ADDRESS 1176 ALFORD RD  
CITY-ST-ZIP PONCE DE LEON, FL

TITLE VP1 ☐ Delete  
NAME ALFORD, ANTHONY A.  
STREET ADDRESS 1266 HWY 10A  
CITY-ST-ZIP PONCE DE LEON, FL

TITLE D ☐ Delete  
NAME ARBAN, JOSHUA  
STREET ADDRESS R.R. 1 BOX 100  
CITY-ST-ZIP NEMAH, NE 68414

TITLE D ☐ Delete  
NAME ARBAN, LUCAS C  
STREET ADDRESS PO BOX 733  
CITY-ST-ZIP PONCE DE LEON, FL 32455

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☒ Change ☐ Addition  
NAME ARBAN, JOSHUA M.  
STREET ADDRESS 1690 HWY. 162  
CITY-ST-ZIP WESTVILLE, FL. 32464

TITLE D ☒ Change ☐ Addition  
NAME ARBAN, LUCAS C.  
STREET ADDRESS 601 STILLWATER ROAD  
CITY-ST-ZIP FREEPORT, FL. 32439

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 power like empowered.

SIGNATURE: *Robert M. Arban* Robert M. ARBAN

1-17-05 (850) 836-4362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #