

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2894585

Applied For
Not Applicable

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**

**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**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARBAN, JOSHUA
1690 HWY 162
WESTVILLE, FL 32464**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARBAN, LUCAS C
601 STILLWATER ROAD
FREEPORT, FL 32439**

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02/22/07-80007-017 150.00

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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

Robert M. ARBAN

2-12-07 (250) 836-4362

Date Daytime Phone #