

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 05, 2008 8:00 am  
Secretary of State**

03-05-2008 90022 003 \*\*\*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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01252008

Chg-P

CR2E034 (12/06)

Zip

Country

Zip

Country

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**

Name

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

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 reinstating)

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**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBAN, ROBERT M.		NAME	
STREET ADDRESS	1176 ALFORD RD		STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON, FL		CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBAN, SYLVIA J.		NAME	
STREET ADDRESS	1176 ALFORD RD		STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON, FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, TIMOTHY C.		NAME	
STREET ADDRESS	1176 ALFORD RD		STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON, FL		CITY-ST-ZIP	
TITLE	VP1	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, ANTHONY A.		NAME	
STREET ADDRESS	1266 HWY 10A		STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON, FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBAN, JOSHUA		NAME	
STREET ADDRESS	1690 HWY 162		STREET ADDRESS	
CITY-ST-ZIP	WESTVILLE, FL 32464		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBAN, LUCAS C		NAME	
STREET ADDRESS	601 STILLWATER ROAD		STREET ADDRESS	
CITY-ST-ZIP	FREEPORT, FL 32439		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.

(850)

SIGNATURE: *Robert M. Arban*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08

836-4362

Date

Daytime Phone #