

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**

40038374



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

01252008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

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

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

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

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

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

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:

Robert M. Arban
Robert M. ARBAN

3-3-08

**(850)
836-4362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #