2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2010
Secretary of State

DOCUMENT# H66459

Entity Name: ARBAN & ASSOCIATES, INC.

Current Principal Place of Business:

1464 LINE ROAD
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

1464 LINE ROAD
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 59-2894585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: ARBAN, ROBERT M.
Address: 1176 ALFORD RD
City-St-Zip: PONCE DE LEON, FL

Title: DST
Name: ARBAN, SYLVIA J.
Address: 1176 ALFORD RD
City-St-Zip: PONCE DE LEON, FL

Title: D
Name: ALFORD, TIMOTHY C.
Address: 1176 ALFORD RD
City-St-Zip: PONCE DE LEON, FL

Title: VP1
Name: ALFORD, ANTHONY A.
Address: 1266 HWY 10A
City-St-Zip: PONCE DE LEON, FL

Title: D
Name: ARBAN, JOSHUA
Address: 1690 HWY 162
City-St-Zip: WESTVILLE, FL 32464

Title: D
Name: ARBAN, LUCAS C
Address: 601 STILLWATER ROAD
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT M ARBAN P 02/17/2010

Electronic Signature of Signing Officer or Director Date