

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H66459

FILED  
Feb 05, 2011  
Secretary of State

**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

**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, 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 ARBAN

P

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date