2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2012
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

OFFICERS AND DIRECTORS:

Title: PD
Name: BOWERS, CLARENCE E
Address: 1464 LINE ROAD
City-St-Zip: PONCE DE LEON, FL 32455

Title: VPD
Name: ALFORD, ANTHONY A
Address: 1266 HWY 10A
City-St-Zip: PONCE DE LEON, FL 32455

Title: SD
Name: ALFORD, TIMOTHY C
Address: 1176 ALFORD RD
City-St-Zip: PONCE DE LEON, FL 32455

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

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

Title: D
Name: ARBAN, SYLVIA J
Address: 1176 ALFORD RD
City-St-Zip: PONCE DE LEON, FL 32455

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: CLARENCE E BOWERS PD 01/19/2012

Electronic Signature of Signing Officer or Director Date