

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J24480**

1. Entity Name  
**ARBCO, INC.**



Principal Place of Business  
**1324 AGUSTA NATIONAL BLVD  
WINTER SPRINGS, FL 32708 US**

Mailing Address  
**1324 AGUSTA NATIONAL BLVD  
WINTER SPRINGS, FL 32708 US**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2698224**  
5. Certificate of Status Desired ☐ Fee Required  
Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**BOESCH, A. RICHARD  
1324 AGUSTA NATIONAL BLVD  
WINTER SPRINGS, FL 32708**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000588624  
01/17/07-80082-005 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | V                         |
| NAME           | BOESCH, A. RICHARD JR     |
| STREET ADDRESS | 146 ROOSEVELT PLACE       |
| CITY-ST-ZIP    | MAITLAND, FL              |
| TITLE          | P                         |
| NAME           | BOESCH, A. RICHARD        |
| STREET ADDRESS | 1324 AGUSTA NATIONAL BLVD |
| CITY-ST-ZIP    | WINTER SPRINGS, FL        |
| TITLE          | ST                        |
| NAME           | BOESCH, JULIANA M         |
| STREET ADDRESS | 1324 AGUSTA NATIONAL BLVD |
| CITY-ST-ZIP    | WINTER SPRINGS, FL        |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

**DO NOT WRITE  
IN THIS SPACE**

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:**

*A. Richard Boesch*  
A. RICHARD BOESCH

**1/10/07**

**407-977-1416**

Date

Daytime Phone #