2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J91696

1. Entity Name
A.R.B.C. CORPORATION

Principal Place of Business	Mailing Address
5645 STRAND BLVD	5645 STRAND BLVD
NAPLES, FL 34110 US	NAPLES, FL 34110 US

DO NOT WRITE IN THIS SPACE

01222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0004732	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS
2210 VANDERBILT BVH, RD STE 1201
NAPLES, FL 34109

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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 _____   DATE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)

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	U000000820820 02/18/08-80044-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	S
NAME	TYRE, RONALD C
STREET ADDRESS	5645 STRAND BLVD.
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	PT
NAME	GLOBETTI, JOHN
STREET ADDRESS	5645 STRAND BLVD
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	V
NAME	STRAUSBAUGH, TODD
STREET ADDRESS	5645 STRAND BLVD
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   John Globetti   2-5-2008   239-597-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #