2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90033 011 ***150.00

DOCUMENT # L23080

1. Entity Name
ARBORS RECORDS, INC.

Principal Place of Business	Mailing Address
2189 CLEVELAND ST #225 CLEARWATER, FL 33765	2189 CLEVELAND ST #225 CLEARWATER, FL 33765

49000790

02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2976186
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEMBER, RACHEL
2189 CLEVLAND STREET 225
CLEARWATER, FL 33765

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DOMBER, MATTHEW J.
STREET ADDRESS	6121 PALMA DEL MAR BLVD.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	VPS
NAME	DOMBER, RACHEL
STREET ADDRESS	6121 PALMA DEL MAR BLVD.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	DS
NAME	WARD, JACK B.
STREET ADDRESS	20 VESEY ST.
CITY-ST-ZIP	NEW YORK, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: Rachel Dember Rachel Dember 02/06/04 (727) 466-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #