


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L56300 1. Entity Name ARPIN ASSOCIATES, INC.	
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Principal Place of Business 736 COURTSIDE DR. NAPLES, FL 34105	Mailing Address 736 COURTSIDE DR. NAPLES, FL 34105
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2658609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, F EDWARD ESQ 821 FIFTH AVE SOUTH STE 201 NAPLES, FL 34102

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARPIN, LEON G., JR 736 COURTSIDE DR NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARPIN, SARAH K. 736 COURTSIDE DR NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATTS, GEORGE W., III 13813 N WEST 44TH AVE VANCOUVER, WA 98685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUCETTE, WILLIAM J. 65 ALBERTA LANE HOLLISTON, MA 01746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80001-022 150.00

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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)(f), 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:  LEON G. ARPIN 1/5/05 239262-8962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #