2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L56300

1. Entity Name
ARPIN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
736 COURTSIDE DR. NAPLES, FL 34105	736 COURTSIDE DR. NAPLES, FL 34105

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2658609
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

100000380602
01/11/06-80020-010 150.00

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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: L. G. ARPIN President 1/5/06 239 262-8962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #