

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L56300**

1. Entity Name  
**ARPIN ASSOCIATES, INC.**



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

Mailing Address  
**736 COURTSIDE DR.  
NAPLES, FL 34105**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**JOHNSON, F EDWARD ESQ  
821 FIFTH AVE SOUTH STE 201  
NAPLES, FL 34102**

**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, 2008 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 11414 N.W. 29TH AVE. VANCOUVER, WA 98685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUCETTE, WILLIAM J. 42 LOST PASS WAY WATERVILLE VALLEY, NH 03215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/08-80002-023 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEON G. ARPIN, Jr., PRES. 1/4/08**

Date

**239-262-5962**

Daytime Phone #