

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90068 032 \*\*\*150.00

**DOCUMENT # M82882**

1. Entity Name  
**THEODORE J. ARPIN CONSTRUCTION, INC.**



Principal Place of Business  
**2430 SW 120 AVE.  
DAVIE, FL 33325**

Mailing Address  
**2430 SW 130 AVE  
DAVIE, FL 33325**

**54068119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08042004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0051079**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARPIN, THEODORE J  
16130 LA COSTA DR  
WESTON, FL 33326**

**2430 SW 130 AVE  
DAVIE, FL 33325**

Name **THEODORE J. ARPIN**  
Street Address (P.O. Box Number is Not Acceptable)

**2430 SW 130 AVE.**

City **DAVIE**

**FL**

Zip Code **33325**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete  
NAME **ARPIN, THEODORE J**  
STREET ADDRESS **16130 LA COSTA DR**  
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **PST** ☐ Change ☐ Addition  
NAME **THEODORE J. ARPIN**  
STREET ADDRESS **2430 SW 130 AVE**  
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Too Arpin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/30/04 954 4732617**  
Date Daytime Phone #

THEODORE J. ANGIN CONST. INC.

8/2/04

2430 S.W. 130 AVE.

DAVIS FL 33325

Attachment

54068119

# M182882

DEPT. OF STATE

DIV. OF CORPORATIONS

P.O. Box 6327

TALL. FLA. 32314

TO WHOM IT MAY CONCERN,

ON APPROX 6/18/04 I RECEIVED A NOTICE OF INTENT TO DISSOLVE FROM THE DEPT. UP UNTIL THAT TIME I HAD NOT RECEIVED THE ANNUAL FORM TO RENEW THE COMP.

I CALLED THE DEPT. AND WAS INFORMED, BY A VERY HELPFUL EMPLOYEE OF THE DEPT., THAT FOR THE FIRST TIME A CARD WAS SENT OUT TO RENEW BY COMPUTER AND THE ANNUAL REPORTS WOULD NO LONGER BE SENT BY MAIL.

SHE TOLD ME TO DOWNLOAD A FORM AND WRITE A LETTER EXPLAINING THAT I DID NOT RECEIVE YOUR NOTICE, ALONG W/ A CHECK FOR 150.00 AND I COULD RENEW.

I WAS ALSO MADE AWARE, AS OF THIS YEAR, THAT ALL RENEWALS ARE BY COMPUTER IN THE FUTURE.

THANK YOU FOR YOUR TIME & COOPERATION REGARDING THIS MATTER.



954 4738619