

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 06, 2004
Secretary of State**

DOCUMENT# N01000005629

Entity Name: ARBOR VITAE, INC.

Current Principal Place of Business:

2025 SE HANFORD RD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7055
PORT ST. LUCIE, FL 349857055

New Mailing Address:

FEI Number: 65-1130646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON-CLARKE, EULA R
615 SW ST. LUCIE CRESCENT
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, MONICA G
Address: 2025 SE HANFORD RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD () Delete
Name: ASHMAN, JOY C
Address: 2025 SE HANFORD RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: STD () Delete
Name: FOSTER, ICELENA
Address: 7401 WINTERGARDEN PKWY.
City-St-Zip: FT. PIERCE, FL 34951

Title: D () Delete
Name: HUBER, ALBERT J
Address: 2800 WACCASSA STREET
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MGC

PD

05/06/2004

Electronic Signature of Signing Officer or Director

_____ Date