

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000003246

1. Entity Name
ARCADIA PARTNERS, INC.



FILED
Mar 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
1126 11TH CRT
JUPITER, FL 33477

Mailing Address
1126 11TH CRT
JUPITER, FL 33477



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0991454	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

HAFEY, SUSAN
1126 11TH CT
JUPITER, FL 33477

**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	D
NAME	HAFEY, SUSAN
STREET ADDRESS	1126 11TH CRT
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	HAFEY, FRANK
STREET ADDRESS	1560 SANDHILL RD, # 205
CITY-ST-ZIP	PALO ALTO, CA 94304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80079-013 150.00

**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

Date

Daytime Phone #

Susan Hafey Susan Hafey VP 3/22/08 561-307-7160