

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90245 038 \*\*\*150.00

**DOCUMENT # P00000009053**

1. Entity Name

ARCADIA SQUARE PROPERTIES, INC.



Principal Place of Business

411 COMMERCIAL COURT  
STE E  
VENICE, FL 34292

Mailing Address

411 COMMERCIAL COURT  
STE E  
VENICE, FL 34292

34001100



**DO NOT WRITE IN THIS SPACE**

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0977996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

BINGHAM, JAMES H  
411 COMMERCIAL COURT  
VENICE, FL 34292

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KURLANDER, ROBERT  
STREET ADDRESS 1333 S. UNIVERSITY DR., SUITE 208  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE VSD  
NAME BINGHAM, JAMES H  
STREET ADDRESS 7930 MANASOTA KEY ROAD  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D  
NAME OAKLEY, THOMAS E  
STREET ADDRESS 101 ABC RD  
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. BINGHAM

4/21/04 941-488-0270

Date

Daytime Phone #