

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032636

Entity Name: ARBOR BUILDERS, INC.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

13245 ATLANTIC BLVD, SUITE 4
UNIT 352
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13245 ATLANTIC BLVD, SUITE 4
UNIT 352
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3706791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSON, WILLIAM B
2340 WINDCHIME DRIVE
JACKSONVILLE, FL 32224 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: TAYSE, JEFFREY C
Address: 1029 ARENEA WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: P () Delete
Name: ALSON, WILLIAM
Address: 2340 WINKHINK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: TAYSE, JEFFREY C
Address: 1100 KINGSLAND CT.
City-St-Zip: JACKSONVILLE, FL 32259

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ALSON

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date