


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000032636 1. Entity Name ARBOR BUILDERS, INC.			
Principal Place of Business 13245 Atlantic Blvd Suite 4, Unit 352 Jacksonville, FL 32225		Mailing Address 13245 Atlantic Blvd Suite 4, Unit 352 Jacksonville, FL 32225	
2. Principal Place of Business 8081 Philips Hwy, etc. Suite, Apt. #, etc. Suite 15 City & State Jacksonville, FL Zip 32256		3. Mailing Address 8081 Philips Hwy, etc. Suite, Apt. #, etc. Suite 15 City & State Jacksonville, FL Zip 32256	
4. FEI Number 59-3706791		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent William B. Alson 2340 Windchime Drive Jacksonville, FL 32224		7. Name and Address of New Registered Agent Name: Susan Stone Street Address (P.O. Box Number is Not Acceptable): 8081 Philips Hwy, Suite 15 City: Jacksonville FL Zip Code: 32256	
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: <u>Susan A. Stone</u> DATE: <u>5-11-05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V NAME Jeffrey C. Tayse STREET ADDRESS 1100 Kingsland Ct CITY-ST-ZIP Jacksonville, FL 32259	<input type="checkbox"/> Delete	TITLE P NAME Jeffrey C. Tayse STREET ADDRESS 1100 Kingsland Ct CITY-ST-ZIP Jacksonville, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE William Alson NAME William Alson STREET ADDRESS 2340 Windchime Drive CITY-ST-ZIP Jacksonville, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE 000054668420 NAME 05/17/05--01030--006 STREET ADDRESS ***150.00 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jeffrey C. Tayse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-11-05 904.734-4050 <small>Date Daytime Phone #</small>	

FILED
 05 MAY 12 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ADP

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Arbor Builders, Inc.

file
true



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

☒ Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier