

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90070 001 \*\*\*150.00

**DOCUMENT # P01000043436**

1. Entity Name  
**ARB CAPITAL CORP**



Principal Place of Business  
**600 BYPASS DRIVE #104  
CLEARWATER, FL 33764**

Mailing Address  
**600 BYPASS DRIVE #104  
CLEARWATER, FL 33764**

40090000



03282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3720135**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**SHANNON, TED  
600 BYPASS DRIVE #102  
CLEARWATER, FL 33764**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BOYLAN, JOSEPH
STREET ADDRESS	600 BYPASS DR 104
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VP
NAME	MARTIN, LAWRENCE
STREET ADDRESS	601 BYPASS DR. 104
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VD
NAME	WEISMAN, CAROL
STREET ADDRESS	5 EDGEWATER LANE
CITY-ST-ZIP	LINDENHURST, NY 11757
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

Date

Daytime Phone #

727 796 4970