

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000045876

1. Entity Name
ARBOR VILLAGE, INC.



Principal Place of Business
13107 NORTH 22ND STREET
TAMPA, FL 33612

Mailing Address
13107 NORTH 22ND STREET
TAMPA, FL 33612



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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 PTD
NAME DE LEON, PERSHING
STREET ADDRESS 13107 NORTH 22ND STREET
CITY-ST-ZIP TAMPA, FL 33612

TITLE SD
NAME DE LEON, ESTER
STREET ADDRESS 13107 NORTH 22ND STREET
CITY-ST-ZIP TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

100000224511
02/11/05-80002-005 150.00

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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)(f), 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:

Pershing Delton
PERSHING DELTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-05 813-972-3616

Date

Daytime Phone #