



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90031 038 \*\*\*150.00

<b>DOCUMENT # P01000064392</b> 1. Entity Name <b>GULFRENTALS ARBOR VILLAGE, INC.</b>																													
Principal Place of Business <del>14135 COLLIER BLVD</del> <b>NAPLES, FL 34119</b>			Mailing Address <del>14135 COLLIER BLVD</del> <b>NAPLES, FL 34119</b>																										
2. Principal Place of Business <b>6646 Willow Park Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6646 Willow Park Dr.</b> Suite, Apt. #, etc.																											
City & State		City & State																											
Zip <b>34109</b> Country		Zip <b>34109</b> Country																											
4. FEI Number <b>59-3727356</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>94023363</b>																									
6. Name and Address of Current Registered Agent  <b>PEEL, MICHAEL</b> <del>14135 COLLIER BLVD</del> <b>NAPLES, FL 34119</b>						7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1580 Ixora Drive</b> City <b>FL</b> Zip Code <b>34102</b>																							
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><i>Michael Peel</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						DATE																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEEL, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>14135 COLLIER BLVD</del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34119</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">1580 Ixora Drive</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>34102</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	PEEL, MICHAEL		STREET ADDRESS	<del>14135 COLLIER BLVD</del>		CITY-ST-ZIP	NAPLES, FL 34119		TITLE	1580 Ixora Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP	34102	
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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.																													
<b>SIGNATURE:</b> <u><i>Michael Peel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<small>Date Daytime Phone #</small>																													