

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064392

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: GULFRENTALS ARBOR VILLAGE, INC.

**Current Principal Place of Business:**

6646 WILLOW PARK DR  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6646 WILLOW PARK DR  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 59-3727356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEEL, MICHAEL  
1580 IXORA DRIVE  
NAPLES, FL 34102 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: D ( ) Delete  
Name: PEEL, MICHAEL  
Address: 1580 IXORRA DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: PEEL, STEPHEN  
Address: 9099 THE LANE  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL J. PEEL

DIR

04/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date