

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077234

Entity Name: ARBOGAST INC.

FILED  
Aug 14, 2004  
Secretary of State

## Current Principal Place of Business:

16950 N BAY RD  
#505  
NORTH MIAMI BEACH, FL 33160

## New Principal Place of Business:

106 MARGARET STREET  
NEPTUNE BEACH, FL 32266

## Current Mailing Address:

16950 N BAY RD  
#505  
NORTH MIAMI BEACH, FL 33160

## New Mailing Address:

106 MARGARET STREET  
NEPTUNE BEACH, FL 32266

FEI Number: 59-3736097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARBOGAST, JAMES  
16950 N BAY RD #505  
NORTH MIAMI BEACH, FL 33160 US

## Name and Address of New Registered Agent:

ARBOGAST, JAMES  
106 MARGARET STREET  
NEPTUNE BEACH, FL 32266 US

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:

08/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ARBOGAST, JAMES D  
Address: 16950 N BAY RD #505  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: ARBOGAST, JAMES D  
Address: 106 MARGARET STREET  
City-St-Zip: NEPTUNE BEACH, FL 32266

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: JAMES D. ARBOGAST

PSTD

08/14/2004

Electronic Signature of Signing Officer or Director

Date