

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90222 031 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000104200			
1. Entity Name ARTHUR, DOUGLAS & ASSOCIATES, INC.			
Principal Place of Business 5575 SOUTH SEMORAN BLVD. SUITE 5012 ORLANDO, FL 32822		Mailing Address 5575 SOUTH SEMORAN BLVD. SUITE 5012 ORLANDO, FL 32822	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04242008		Chg-P CR2E034 (12/06)	
4. FEI Number 59-3753716		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BATSON, ARTHUR R 5575 SOUTH SEMORAN BLVD. SUITE 5012 ORLANDO, FL 32822		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when changing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATSON, ARTHUR R 5575 SOUTH SEMORAN BLVD., SUITE 5012 ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 16 or Block 11 if changed, or on an attachment with an address, which is other, be empowered.			
SIGNATURE: _____		4/25/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	