

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90022 025 ***158.75

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1. Entity Name
ARANT'S, INC.



Principal Place of Business
1405 NW FEDERAL HWY
STUART, FL 34944

Mailing Address
1405 NW FEDERAL HWY
STUART, FL 34944

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0099656

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORMAN, KENNETH A
2400 SE FEDERAL HWY FOURTH FLOOR
STUART, FL 34944

**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 *MA*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-08

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

TITLE	
NAME	ARANT, THOMAS
STREET ADDRESS	1405 NW FEDERAL HWY
CITY- ST- ZIP	STUART, FL 34994
TITLE	President
NAME	Josephine D. Arant
STREET ADDRESS	1405 NW Federal Hwy
CITY- ST- ZIP	Stuart FL 34994
TITLE	VICE President
NAME	Thomas Arant
STREET ADDRESS	6871 SE Raintree Av
CITY- ST- ZIP	Stuart FL 34997
TITLE	Secy. Treasure
NAME	Gwen Platt
STREET ADDRESS	1649 SE 9th St.
CITY- ST- ZIP	Stuart FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Josephine D Arant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-08
Date

Daytime Phone #

Josephine D Arant President