# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 27, 2005 8:00 am**
**Secretary of State**
05-02-2005 90500 038 ***150.00

DOCUMENT # P04000036708

1. Entity Name
GREEN ARROW PROPERTIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4800 AIRPORT RD.<br>NAPLES, FL 34105 | 4800 AIRPORT RD.<br>NAPLES, FL 34105 |

B50235621

04272005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3785 Airport Road, | 3785 Airport Road |
| Suite, Apt. #, etc.<br>B-2 | Suite, Apt. #, etc.<br>B-2 |
| City & State<br>Naples, Florida | City & State<br>Naples, Florida |
| Zip: 34105 Country: USA | Zip: 34105 Country: USA |

4. FEI Number: 20-3042973 ☐ 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 |
|---|---|
| GRANT, RICHARD C ESQ.<br>5551 RIDGEWOOD DR., SUITE 501<br>NAPLES, FL 34108 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 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 | PD<br>ORTIGAS, GERARDO L<br>4800 AIRPORT RD.<br>NAPLES, FL 33105 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DE LANUZA, CORAZON V<br>4800 AIRPORT RD.<br>NAPLES, FL 33105 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>CHAN, VICKI A<br>4800 AIRPORT RD.<br>NAPLES, FL 33105 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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.

**SIGNATURE:** Vicki A. Chan Vicki A. Chan, S/T 4/27/05 (23) 263-5095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #