

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043792

Entity Name: MICHAEL ARBOUR, INC.

FILED
Sep 04, 2006
Secretary of State

Current Principal Place of Business:

496 SW 34TH TERR
PALM CITY, FL 34990

New Principal Place of Business:

3107 PINE OAK DR
BONIFAY, FL 32425

Current Mailing Address:

496 SW 34TH TERR
PALM CITY, FL 34990

New Mailing Address:

7879 AIRWAY PARK DR
MOBILE, AL 36608

FEI Number: 20-2409044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARBOUR, MICHAEL
496 SW 34TH TERR
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

ARBOUR, MICHAEL
3107 PINE OAK DR
BONIFAY, FL 32425 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: _____

Electronic Signature of Registered Agent

09/04/2006

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARBOUR, MICHAEL
Address: 797 SW 36TH STREET
City-St-Zip: PALM CITY, FL 34990

Title: P () Delete
Name: ARBOUR, MICHEAL
Address: 496 SW 34TH TERR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARBOUR, MICHAEL
Address: 3107 PINE OAK DR
City-St-Zip: BONIFAY, FL 32425

Title: P (X) Change () Addition
Name: ARBOUR, MICHEAL
Address: 3107 PINE OAK DR
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MIKE ARBOUR

Electronic Signature of Signing Officer or Director

P

09/04/2006

Date