


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90034 048 \*\*\*150.00

**DOCUMENT # P04000098734**

1. Entity Name  
**ARVIN CONSULTANTS, INC.**



Principal Place of Business  
**5440 S.W. 101ST PLACE  
 Ocala, FL 34476**

Mailing Address  
**5440 S.W. 101ST PLACE  
 Ocala, FL 34476**

2. Principal Place of Business  
**725 E SILVER SPGS Blvd**

3. Mailing Address  
**725 E SILVER SPGS Blvd**

Suite, Apt. #, etc.

City & State  
**Ocala FL**

City & State  
**Ocala FL**

Zip  
**34470**

Country  
**USA**



03152005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**BRUNER, BARBARA  
 5440 SW 101 ST PL  
 Ocala, FL 34476**

4. FEI Number  
**20-1338588**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**YOUNG DARRELL**

Street Address (P.O. Box Number is Not Acceptable)  
**7911 S. WOODBRIDGE DR.**

City  
**Parkland**

State  
**FL**

Zip Code  
**33069**

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: **DARRELL YOUNG** *[Signature]* **3/21/05**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

TITLE P	NAME BRUNER, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5440 SW 101 ST PL	CITY-ST-ZIP OCALA, FL 34470	
TITLE VP	NAME PETROLINO, JOSEPHINE	<input type="checkbox"/> Delete
STREET ADDRESS 11126 HARBOR SPRINGS CIRCLE	CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE VP	NAME YOUNG, DARRELL	<input type="checkbox"/> Delete
STREET ADDRESS 7911 S. WOODBRIDGE DR.	CITY-ST-ZIP PARKLAND, FL 33067	
TITLE VP	NAME RATISHER, KEVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5440 SW 101 ST PL.	CITY-ST-ZIP OCALA, FL 34476	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	NAME Marilyn B. Pelletti	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 451 SE 80 ST	CITY-ST-ZIP Ocala, FL 34480	
TITLE P	NAME Young, Darrell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7911 S. WOODBRIDGE DR.	CITY-ST-ZIP PARKLAND, FL 33067	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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: *[Signature]* **3/21/05** **(954) 755-2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #