

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118780

Entity Name: ARBOR HOMES BUILDERS INC

FILED  
May 02, 2005  
Secretary of State

## Current Principal Place of Business:

286 N ANDALUSIA AVE  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

114 ARBOR LANE  
SANTA ROSA BEACH, FL 32459

## Current Mailing Address:

286 N ANDALUSIA AVE  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, RUSSELL L  
336 BOB MCCASKILL RD  
DEFUNIAK SPRINGS, FL 32433 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOLY, RODNEY J  
Address: 286 N ANDALUSIA AVE  
City-St-Zip: SANTA ROSA BEACH, FL 32456 US

Title: VP ( ) Delete  
Name: WILSON, RUSSELL L  
Address: 336 BOB MCCASKILL DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP (X) Delete  
Name: MAHAR, GREGORY K  
Address: 56 SUMMER BREEZE WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S/T (X) Delete  
Name: JOLY, MICHELLE M  
Address: 286 N ANDALUSIA AVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILSON, RUSSELL L  
Address: 336 BOB MCCASKILL RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: S/T (X) Change ( ) Addition  
Name: STEELE, KATHRYN M  
Address: 405 PHILLIPS DRIVE  
City-St-Zip: FREEPORT, FL 32439

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHRYN M STEELE

S/T

05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date