


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000125676		
1. Entity Name ARBOR CONTRACTORS, INC.		

Principal Place of Business P.O.BOX 101-0101 PALM HARBOR FL 34682	Mailing Address P.O.BOX 101-0101 PALM HARBOR FL 34682
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **61-1481747** 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	
JAMES, KENNETH R II 1115- 12TH STREET PALM HARBOR FL 34683		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE U00000486493	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME JAMES, KENNETH R II		NAME 04/13/06-80038-023 150.00	
STREET ADDRESS P.O.BOX 101-0101		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34682		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME ALLEN, DOUGLAS M		NAME	
STREET ADDRESS P.O.BOX 101-0101		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34682		CITY-ST-ZIP	
TITLE SECY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME ALLEN, DOUGLAS M		NAME	
STREET ADDRESS P.O.BOX 101-0101		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34682		CITY-ST-ZIP	
TITLE TREA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME JAMES, KENNETH R II		NAME	
STREET ADDRESS P.O.BOX 101-0101		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34682		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kenneth R James II **KENNETH R JAMES II** 3-15-2006 727 784,3833