

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000003251

Entity Name: ARVANT, INC.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3198 TOHOPEKALIGA DR  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

5960 LAKE CHAMPLAIN DR  
ORLANDO, FL 32829

**Current Mailing Address:**

3198 TOHOPEKALIGA DR  
ST. CLOUD, FL 34772

**New Mailing Address:**

5960 LAKE CHAMPLAIN DR  
ORLANDO, FL 32829

FEI Number: 27-1643709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARVANT, PAMELA  
3198 TOHOPEKALIGA DR  
ST. CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

ARVANT, PAMELA  
5960 LAKE CHAMPLAIN DR  
ORLANDO, FL 32829 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: PAMELA ARVANT

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARVANT, PAMELA  
Address: 5960 LAKE CHAMPLAIN DR  
City-St-Zip: ORLANDO, FL 328298

Title: VPD  
Name: ARVANT, WILLIAM  
Address: 5960 LAKE CHAMPLAIN DR  
City-St-Zip: ORLANDO, FL 32829

I hereby 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 all other like empowered.

SIGNATURE: PAMELA ARVANT

PRES

04/24/2012

Electronic Signature of Signing Officer or Director

Date