2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P31581

1. Entity Name
ARBOR PROPERTIES DEVELOPMENT, INC.

FILED
04 APR 30 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2750 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301	2750 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301

04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1027963
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNY, JOHN ESQ
241 EAST 6TH AVE.
TALLAHASSEE, FL 32303

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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 _____
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100036057621
05/11/04--01047--012 **158.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	THAMES, WILLIAM G. SR.
STREET ADDRESS	2495 MEADOW RIDGE LANE
CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	PDS
NAME	THAMES, WILLIAM G. JR.
STREET ADDRESS	2750 OLD ST. AUGUSTINE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: W.G. Thames Jr. President William G. Thames, Jr. 4-30-04 (850)656-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #