

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2007 08:00 AM  
Secretary of State

DOCUMENT # P38966

1. Entity Name  
ARB, INC. OF CALIFORNIA



Principal Place of Business  
26000 COMMERCENTRE DR  
LAKE FOREST, CA 92630 US

Mailing Address  
PO BOX 5166  
LAKE FOREST, CA 92630 US



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-2159777

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000589218  
01/18/07-800008-006 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PRATT, BRIAN E.  
STREET ADDRESS 26000 COMMERCENTRE DR  
CITY-ST-ZIP LAKE FOREST, CA 99263

TITLE CFO  
NAME THEEUWES, ALFONS  
STREET ADDRESS 26000 COMMERCENTRE DR.  
CITY-ST-ZIP LAKE FOREST, CA 92630

TITLE TS  
NAME SCHAUERMAN, JOHN P  
STREET ADDRESS 26000 COMMERCENTRE DR  
CITY-ST-ZIP LAKE FOREST, CA 92630

TITLE CGC  
NAME PERISICH JOHN M  
STREET ADDRESS 26000 COMMERCENTRE DR  
CITY-ST-ZIP LAKE FOREST, CA 92630

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 exemptions contained in Chapter 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #