2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000047481

1. Entity Name
ARBOR TRACE REALTY, INC.

Principal Place of Business
1000 ARBOR LAKE DRIVE
NAPLES, FL 34110 US

Mailing Address
1000 ARBOR LAKE DRIVE
NAPLES, FL 34110 US

01062006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0419634
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRANGE, J L
1000 ARBOR LAKE DRIVE
NAPLES, FL 34110

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6. 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	STRANGE, J.L.
STREET ADDRESS	4355 SHACKLEFORD ROAD
CITY-STATE-ZIP	NORCROSS, GA
TITLE	DVP
NAME	PETIT PARKER H
STREET ADDRESS	1850 PARKWAY PL
CITY-STATE-ZIP	MARIETTA, GA
TITLE	S
NAME	RIZK, LISA M
STREET ADDRESS	1000 ARBOR LAKE DRIVE
CITY-STATE-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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11. 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 all other like empowered.

SIGNATURE: Lisa M Rizk LISA RIZK 1/19/06 239-598-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #