

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047483

FILED  
Sep 09, 2004  
Secretary of State

Entity Name: ARBOR TRACE SERVICE CENTER, INC.

## Current Principal Place of Business:

1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110

## New Principal Place of Business:

## Current Mailing Address:

1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110

## New Mailing Address:

FEI Number: 65-0419629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CARTER, JOHN B  
1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110 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: JOHN B CARTER

09/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete  
Name: STRANGE, J L  
Address: 1000 ARBOR LAKE DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete  
Name: PETIT, PARKER H  
Address: 1850 PARKWAY PLACE  
City-St-Zip: MARIETTA, GA

Title: S ( ) Delete  
Name: RIZK, LISA M  
Address: 1000 ARBOR LAKE DR  
City-St-Zip: NAPLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LISA M RIZK

S

09/09/2004

Electronic Signature of Signing Officer or Director

Date