2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2006 8:00 am Secretary of State

1. Enlity Name ARBOR LAKE DEVELOPMENT CORPORATION OF SARASOTA								03-10-2006 9	90011 01	18 ***15	0.00
Principal Plac	e of Busines	s	Mailing Addre	ess							
1548 THE GI	RENS WAY		1548 THE GRENS WAY								
SUITE 3 JACKSONVILLE BEACH, FL 32250 US JACKSONVII				ONVILLE BEACH, FL 32250 US			1 10011001 110		1 2012) EHEL OI	IN SIEIE (1881 G	HP
Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02162006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Number 65-0472				oplied For ot Applicable	
Zip	Zip Country		Zip	Zip Coun		,		of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Re			Registered Ager	gistered Agent			7. Name and	Address of New R		Fee Require	· d
o. Haile and Address of Californ Registered Agent						Name					
DEVLIN, WALLACE R. JR 1548 THE GREENS WAY				Street Address			(P.O. Box Number is Not Acceptable)				
SUITE 3 JACKSON	VILLE BE					•					
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	named entit tions of regist	y submits this statement fo tered agent.	or the purpose of o	changing its reg	gistered :	office or register	red agent, or both	n, in the State of Flo	rida. Lam I	amiliar with,	and accept
SIGNATURE_		. •									
			and attack applicable	MOTE: Ba					D476		
	Signature, typed	for printed name of registered agent	and their applicable.	(NOTE NO	legistered Ag	gent signature required	I when reinstating)		DATE		
After Ma	E NOW!!!	FEE IS \$150.00 6 Fee will be \$550.	9. Elec Trus	tion Campaign t Fund Contribu	Finançir ution,	ng \$5 .	.00 May Be ed to Fees				
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indicated on this report or supplied with this filling goes no quarty for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR