

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90288 023 ***150.00

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1. Entity Name
ARBOR TEMPORARY SERVICES, INC.



Principal Place of Business
**25 PINE CONE RD
#4
PALM COAST, FL 32164 US**

Mailing Address
**P.O. BOX 354526
PALM COAST, FL 32135 US**

30043313



2. Principal Place of Business
**25 Pine Cone Drive
Suite, Apt. #, etc.
44**

3. Mailing Address
Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State
Palm Coast, FL
Zip
32164 Country
Flaglor

City & State
Zip Country

4. FEI Number
59-3324136 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANTANNO, FRANK M
26 WEST CEDAR LANE
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTANNO, FRANK M 26 WEST CEDAR LANE PALM COAST, FL 32137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTANNO, SHARON 26 WEST CEDAR LANE PALM COAST, FL 32137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/05 386 445 770