

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000037697

1. Entity Name  
ARBOR VIEW, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
P.O. BOX 369 P.O. BOX 369  
BONITA SPRINGS, FL 34133 US BONITA SPRINGS, FL 34133 US



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0660590  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

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

ERDMAN, GREGORY A  
3645 BONITA BEACH RD  
STE 3  
BONITA SPRINGS, FL 34134

**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

CITE: Registered Agent signature or equivalent (encloring)

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	ERDMAN, GREGORY A	P.O. BOX 369	BONITA SPRINGS, FL

U000000326829  
04/25/05-80013-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: GREGORY ERDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 (239) 992-8833

Date

Daytime Phone #