
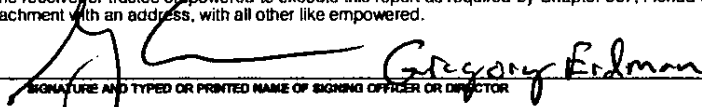


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000037697		
1. Entity Name ARBOR VIEW, INC.		
Principal Place of Business P.O. BOX 1318 BONITA SPRINGS, FL 34133 US		Mailing Address P.O. BOX 1318 BONITA SPRINGS, FL 34133 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ERDMAN, GREGORY A 1004 COLLIER CENTER WAY, STE 102 NAPLES, FL 34110		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000783694 01/16/08-80025-004 158.75
TITLE	D	
NAME	ERDMAN, GREGORY A	
STREET ADDRESS	P O BOX 1318	
CITY-ST-ZIP	BONITA SPRINGS, FL 34133	
TITLE		
NAME		
STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. 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:  Gregory Erdman 1-10-08 (239) 592-2499		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		