


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # S36814 1. Entity Name DONALD V. STAUDTER ARBITRATOR, INC.					
Principal Place of Business: 881 PANAMA CT. S-202 MARCO FL 34145-6256 US		Mailing Address 881 PANAMA CT. S-202 MARCO ISLAND FL 34145 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0242123	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAUDTER, DONALD V. 881 PANAMA CT. MARCO ISLAND FL 34145-6256				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	STAUDTER, DONALD V	U00000407298 02/08/06-80012-004 150.00			
STREET ADDRESS	881 PANAMA CT STE 202	TITLE			
CITY-ST-ZIP	MARCO FL	NAME			
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS		TITLE			
CITY-ST-ZIP		NAME			
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS		TITLE			
CITY-ST-ZIP		NAME			
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS		TITLE			
CITY-ST-ZIP		NAME			
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS		TITLE			
CITY-ST-ZIP		NAME			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Donald V Staudter</i> DONALD V STAUDTER 1/25/06 239 394 6038 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/05)

FL Zip Code

U00000407298
02/08/06-80012-004 150.00

SIGNATURE: *Donald V Staudter* **DONALD V STAUDTER** 1/25/06 239 394 6038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #