

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # S56647

1. Entity Name
ARBOR LAKES INVESTMENTS, INC.



Principal Place of Business
**3609 E. ARBOR LAKES DR.
HERNANDO, FL 34442 US**

Mailing Address
**3609 E. ARBOR LAKES DR.
HERNANDO, FL 34442 US**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3076057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHANCEY, MARVIN T. JR
3609 E. ARBOR LAKES DR.
HERNANDO, FL 34442**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLACHSMANN, HERMANN
STREET ADDRESS	3609 E. ARBOR LAKES DR.
CITY - ST - ZIP	HERNANDO, FL 34442
TITLE	D
NAME	CHANCEY, MARVIN T JR
STREET ADDRESS	3609 E. ARBOR LAKES DR.
CITY - ST - ZIP	HERNANDO, FL 34442
TITLE	O
NAME	ATTKISSON, JAMES R.
STREET ADDRESS	9600 KOGER BLVD #105
CITY - ST - ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000078837
03/08/04-80042-001 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN T. CHANCEY, JR.

3-4-04 352-726-1210

Date

Daytime Phone #