

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # S56647
 1. Entity Name
ARBOR LAKES INVESTMENTS, INC.



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

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3076057** Applied For Not Applicable
 5. Certificate of Status Desired \$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

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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 _____

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

1000000279633
 03/29/05-80004-007 150.00

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	

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: *Marvin Chancey, Jr.* **MARVIN CHANCEY, JR.**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-24-05** Daytime Phone # **353 726-1210**