2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

IGNATUR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # 375658 1. Entity Name ARC INDUSTRIES INCORPORATED Principal Place of Business Mailing Address PO BOX 867 DESTIN FL 32540 200 D INDUSTRIAL PARK RD DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1462197 Not Applicable Zip ZipCountry Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGELO, HAZEL R Street Address (P.O. Box Number is Not Acceptable) 4080 DRIFITING SAND TRAIL DESTIN FL 32541 City 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 Signature, typed or printed name of registered agent and title if applicable DĂTE [NOTE Registered Agent signature required when reinstating] FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change NAME HAZEL, DE ANGELO R NAME U00000292375 04/07/05-80067-021 150.00 STREET ADDRESS 4080 DRIFTING SAND TRAIL STREFT ADDRESS CITY - ST - ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME DEANGELO, FRANK NAME 4080 DRIFITING SAND TRAIL STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY- ST- ZIP CITY ST-ZIP TITLE ☐ Delete ππε ☐ Chanαe Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE □ Deiele TITLE Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete BILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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