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Mar 06, 2008 8:00 am
Secretary of State
03-06-2008 90045 013 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000003468

1. Entity Name
ARCHITECTURAL RAILINGS & GRILLES, INC.

400339714

Principal Place of Business	Mailing Address
8041 ARROWRIDGE BLVE STE G CHARLOTTE, NC 28273	8041 ARROWRIDGE BLVE STE G CHARLOTTE, NC 28273

02132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2031 Carolina Place Dr.	2031 Carolina Place Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Mill SC	City & State: Fort Mill SC
Zip: 29708 Country: USA	Zip: 29708 Country: USA

4. FEI Number 56-2243669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, DAVID
820B CORAL FARMS RD.
FLORAHOME, FL 32148

7. Name and Address of New Registered Agent

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 [signature] 3-1-08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DULA, MARSHALL P 1226 EAGLECREST DR. STANLEY, NC 28164	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP VAN ELDIK, MACHIEL 12313 LAZY OAK LANE CHARLOTTE, NC 28273	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP van Eldik, Machiel 524 River Lake Court ~~Fort Mill SC 29708~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3-1-08 (704) 365-5152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #