

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003266

FILED
Mar 24, 2005
Secretary of State

Entity Name: ARS NATIONAL SERVICES INC.

Current Principal Place of Business:

201 W GRAND AVE
ESCONDIDO, CA 92025 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 463023
ESCONDIDO, CA 92046 US

New Mailing Address:

FEI Number: 33-0827570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOWERTON, KATHY L
Address: 201 W GRAND AVE
City-St-Zip: ESCONDIDO, CA 92025 US

Title: CEO () Delete
Name: HOWERTON, JOHN
Address: 201 W GRAND AVE
City-St-Zip: ESCONDIDO, CA 92025 US

Title: S () Delete
Name: HOWERTON, KATHY L
Address: 201 W GRAND AVE
City-St-Zip: ESCONDIDO, CA 92025 US

Title: COO () Delete
Name: HOWERTON, JASON
Address: 201 WEST GRAND AVENUE
City-St-Zip: ESCONDIDO, CA 92025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWERTON, JASON
Address: 201 W GRAND AVE
City-St-Zip: ESCONDIDO, CA 92025 US

Title: DIR (X) Change () Addition
Name: HOWERTON, JOHN
Address: 201 W GRAND AVE
City-St-Zip: ESCONDIDO, CA 92025 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HOWERTON, KATHY L
Address: 201 WEST GRAND AVENUE
City-St-Zip: ESCONDIDO, CA 92025

Title: DIR () Change (X) Addition
Name: HOWERTON, KATHY L
Address: 201 WEST GRAND AVENUE
City-St-Zip: ESCONDIDO, CA 92025

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY L. HOWERTON

_____ Electronic Signature of Signing Officer or Director

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03/24/2005

_____ Date