

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003266

FILED  
Apr 26, 2006  
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:**

PO BOX 469046  
ESCONDIDO, CA 92046 US

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, JASON  
Address: 201 W GRAND AVE  
City-St-Zip: ESCONDIDO, CA 92025 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JASON HOWERTON

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date