2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36692

FILED Apr 28, 2009 Secretary of State

Entity Nar	me: A&ARO	DFING COMPANY, INC.					
Current P	rincipal Place	of Business:	New Principal Place of Business:				
UNIT A	NESSEE AVE.						
LYNN HAV	/EN, FL 32444						
Current Mailing Address:			New Mailing Address:				
UNIT A	NESSEE AVE /EN, FL 32444						
FEI Number:	: 59-2981797	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
4521 SCH	S, KENNETH W OONER LANE /EN, FL 32444	us	4521 SCH	S, KENNETH DONER LANI EN, FL 3244	=		
	named entity so e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or bo	oth,	
SIGNATUR	RE: KENNETH	W ANDREWS		04/28/2009			
Electronic Signature of Registered Age			ent	Date			
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PSD () ANDREWS, KEN 4521 SCHOONE LYNN HAVEN, FI	R LANE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VT () ANDREWS, KEN 4521 SCHOONE LYNN HAVEN, FI	R LANE	Title: Name: Address: City-St-Zip:	VT () ANDREWS, KI 4521 SCHOON LYNN HAVEN,	NER LANE		
Title: Name: Address: City-St-Zip:	PSD () ANDREWS, KEN 4521 SCHOONE LYNN HAVEN, FI	R LANE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	VT () ANDREWS. KEN	Delete NETH W	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: KENNETH W ANDREWS **PSD** 04/28/2009

4521 SCHOONER LANE

LYNN HAVEN, FL 32444 US

Address:

City-St-Zip: