


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M66229	
1. Entity Name ARC TECH CONSTRUCTION BY DESIGN, INC.	

Principal Place of Business 2219 FLINT DRIVE FORT MYERS, FL 33916 US	Mailing Address 2219 FLINT DRIVE FORT MYERS, FL 33916
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0022179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MICHAEL R RUBIENSTEIN & ASSOCIATES 43270 - 701 COLLEGE PARKWAY FORT MYERS, FL 33919	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000210032 02/02/05-80059-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASSETT, JUDY 229 S.W. 37TH LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASSETT, RONALD E 229 S.W. 37TH LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BASSETT, RONALD E 229 SW 37TH LN CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  **DATE** 1/27/05 **DAYTIME PHONE #**