


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000094041
 1. Entity Name
 ARCADIA FUN CENTER, INCORPORATED



Principal Place of Business: 5008 DALE MABRY HWY, TAMPA, FL 33611
 Mailing Address: 5008 DALE MABRY HWY, TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1142260 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LARRINAGA, R MICHAEL
 5025 E FOWLER AVE STE 14
 TAMPA, FL 33617

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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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000090648
 03/17/04-80027-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORREALDAY, JAVIER R 5008 DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERRITT, JAMES R I 5008 DALE MABRY HWY TAMPA, FL 33611
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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: J. Torrealday 03/03/04 (813) 835-7665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #