

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116332

Entity Name: ARS ABSTRACT, INC

FILED  
Jul 09, 2005  
Secretary of State

## Current Principal Place of Business:

5807 MEADOWPARK PLACE  
LITHIA, FL 33547

## New Principal Place of Business:

130503 COPPER BELLY CT  
RIVERVIEW, FL 33569

## Current Mailing Address:

5807 MEADOWPARK PLACE  
LITHIA, FL 33547

## New Mailing Address:

11705 BOYETTE RD  
#489  
RIVERVIEW, FL 33569

FEI Number: 20-0312830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HITSMAN, ROBERT J  
5807 MEADOWPARK PLACE  
LITHIA, FL 33547 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: HITSMAN, ROBERT J  
Address: 5807 MEADOWPARK PLACE  
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete  
Name: HITSMAN, KAREN  
Address: 5807 MEADOWPARK PL  
City-St-Zip: LITHIA, FL 33547

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROBERT J. HITSMAN

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07/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date