

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140607

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ARKAY CONTRACTING, INC.

## Current Principal Place of Business:

1417-3 DEL PRADO BLVD #472  
CAPE CORAL, FL 33990

## New Principal Place of Business:

2117 CORAL POINT DRIVE  
CAPE CORAL, FL 33990

## Current Mailing Address:

1417-3 DEL PRADO BLVD #472  
CAPE CORAL, FL 33990

## New Mailing Address:

2117 CORAL POINT DRIVE  
CAPE CORAL, FL 33990

FEI Number: 20-0456836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCKLEY, J PATRICK  
1633 SE 47 TERRACE  
CAPE CORAL, FL 33904 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: PD ( ) Delete  
Name: KIPE, ROBERT M  
Address: 2117 CORAL POINT DR  
City-St-Zip: CAPE CORAL, FL 33990

Title: VTD ( ) Delete  
Name: KIPE, DONNA L  
Address: 2117 CORAL POINT DR  
City-St-Zip: CAPE CORAL, FL 33990

Title: SD ( ) Delete  
Name: KIPE, JUSTIN R  
Address: 1418 SAN ROBERTO CIR.  
City-St-Zip: FORT MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DONNA KIPE

VDT

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date