

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020013

FILED
Apr 27, 2009
Secretary of State

Entity Name: A.R.J.K. / IMSCO INC.

Current Principal Place of Business:

770 CLEARLAKE RD
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

770 CLEARLAKE RD
COCOA, FL 32922

New Mailing Address:

P.O. BOX 236921
COCOA, FL 32923

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.R.J.K. ENTERPRISES LLC
770 CLEARLAKE RD.
COCOA, FL 32922 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: P () Delete
Name: A.R.J.K. ENTERPRISES LLC
Address: P.O. BOX 236921
City-St-Zip: COCOA, FL 32923

Title: VP () Delete
Name: IMSCO INTERNATIONAL INC.
Address: P.O. BOX 254333
City-St-Zip: PATRICK AIR FORCE BASE, FL 32925

Title: P () Delete
Name: SMITH, OLIVER V JR
Address: P.O. BOX 236921
City-St-Zip: COCOA, FL 32923

Title: VP () Delete
Name: QUICK, JOHNNY R
Address: P.O. BOX 254333
City-St-Zip: PATRICK AIR FORCE BASE, FL 32925

Title: TR () Delete
Name: BRAY, DONALD H
Address: P.O. BOX 254333
City-St-Zip: PATRICK AIR FORCE BASE, FL 32925

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: _____

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: OLIVER SMITH

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date