## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # F01000001060** 05-03-2004 90459 012 \*\*\*150.00 ARCTIC INDUSTRIES OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 5902 MEMORIAL HWY, STE 613 PO BOX 340563 TANTITON **TAMPA, FL 33615 TAMPA, FL 33694** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04292004 CR2E034 (10/03) 14944 City & State City & State 4. FEI Number Applied For TAMPA. 88-0364418 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired HILLSBORDUGH Fee Required 7.- Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent Name BELL, C. LAMAR Street Address (P.O. Box Number is Not Acceptable) 5902 MEMORIAL HWY, STE 613 TAMPA, FL 33615 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Change ☐ Addition TITLE ☐ Delete NAME BELL, CHARLES M NAME STREET ADDRESS 1335 MEMPHIS ST. STREET ADDRESS CITY-ST-ZIP HARLINGEN, TX CITY - ST- ZIP ☐ Delete C. LAMAL BELL TITLE Change TITLE ☐ Addition BELL, C. LAMAR NAME 14944 REDCLIFFE DE 5902 MEMORIAL HWY, STE 613 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP TAMPA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HILL, JOHN A NAME STREET ADDRESS STREET ADDRESS 33 AVON LANE CITY-ST-ZIP BRONXVILLE, NY CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

**FILED**