
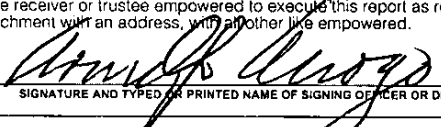


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90196 008 ***150.00

DOCUMENT # 330345 1. Entity Name ARROYO PROCESS EQUIPMENT INC					
Principal Place of Business 13750 AUTOMOBILE BLVD CLEARWATER, FL 33762			Mailing Address 13750 AUTOMOBILE BLVD CLEARWATER, FL 33762		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARROYO,ARNULFO 13750 AUTOMOBILE BLVD. CLEARWATER, FL 34622				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL 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 the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARROYO, ARNULFO		NAME		
STREET ADDRESS	13750 AUTOMOBILE BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	SH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARROYO, SHIRLEY		NAME		
STREET ADDRESS	13750 AUTOMOBILE BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SCHLEICHER, DIANE	
STREET ADDRESS			STREET ADDRESS	13750 AUTOMOBILE BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained 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 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 another like empowered.					
SIGNATURE: 			ARNULFO ARROYO 4/24/06 727-573-5294		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40063419



03272006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1215112** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required