2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 573903

1. Entity Name
ARK INDUSTRIES, INC.



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

1360 17TH ST. N.W. P.O. BOX 9085

P.O. BOX 9085 WINTER HAVEN, FL 33881-2310 Mailing Address

1360 17TH ST. N.W. P.O. BOX 9085

WINTER HAVEN, FL 33881-2310



DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

59-1827864

\$8.75 Additional

Not Applicable

6. Name and Address of Current Registered Agent

BROOKS, BEACH A 340 1ST ST S. WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

					THO GIAGE
	named entity submits this statement for the ptions of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	d applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		CTORS			
TITLE	PSD				
NAME	KLEMM, ARTHUR R		i		
STREET ADDRESS	1360 17TH ST N W				
CITY-ST-ZIP	WINTER HAVEN, FL				
TITLE	VTD	,			
NAME	ROWSE, JR WILLIAM A				
STREET ADDRESS	1360 17TH ST. N.W.				U00000634487
CITY-ST-ZIP	WINTER HAVEN, FL		l		U00000634487 02/22/07-80011-025 150.00
TITLE					
NAME			:	F	
STREET ADDRESS	}			DO	NOT MOITE
CITY-ST-ZIP				טע	NOT WRITE

DO NOT WRITE IN THIS SPACE

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 shalt 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.

SIG	NΔ	ÆΠ	IRF:

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Daytime Phone #