


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 696052</b>	
1. Entity Name ARCO AUTOMOTIVE PRODUCTS, INC.	

Principal Place of Business % RONALD L. MILLER 3921 NAVY BLVD PENSACOLA, FL 32507-8296	Mailing Address % RONALD L. MILLER 3921 NAVY BLVD PENSACOLA, FL 32507-8296
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2110489	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MILLER, RONALD L 3921 NAVY BLVD PENSACOLA, FL 32507	<b>DO NOT WRITE IN THIS SPACE</b>
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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.</small>	(NOTE: Registered Agent's signature required when renewing)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MILLER, RONALD L 3921 NAVY BLVD. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MILLER, JANICE R 3921 NAVY BLVD PENSACOLA, FL
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IN THIS SPACE**

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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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