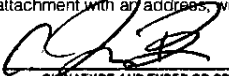


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90459 012 ***150.00

DOCUMENT # F01000001060			
1. Entity Name ARCTIC INDUSTRIES OF CENTRAL FLORIDA, INC.			
Principal Place of Business 5902 MEMORIAL HWY, STE 613 TAMPA, FL 33615		Mailing Address PO BOX 340563 TAMPA, FL 33694	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1494A REDCLIFFE DR		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33625	Country HILLSBOROUGH	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BELL, C. LAMAR 5902 MEMORIAL HWY, STE 613 TAMPA, FL 33615		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BELL, CHARLES M 1335 MEMPHIS ST. HARLINGEN, TX ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BELL, C. LAMAR 5902 MEMORIAL HWY, STE 613 TAMPA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-P C. LAMAR BELL 1494A REDCLIFFE DR TAMPA, FL 33625 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HILL, JOHN A 33 AVON LANE BRONXVILLE, NY ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		C. LAMAR BELL 4/28/04 813 789-1128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	