


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90058 003 ***150.00

DOCUMENT # F02000000509 1. Entity Name RED-D-ARC, INC.					
Principal Place of Business 685-B LEE INDUSTRIAL BLVD. AUSTELL, GA 30001			Mailing Address 685-B LEE INDUSTRIAL BLVD. AUSTELL, GA 30001		
2. Principal Place of Business 685 Lee Industrial Blvd		3. Mailing Address 685 Lee Industrial Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Austell GA		City & State Austell GA		4. FEI Number 88-0259460	
Zip 30168		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 30168		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD IMIELINSKI, MICHEL M 685-B LEE INDUSTRIAL BLVD. AUSTELL, GA 30001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLAUGHLIN, ROBERT M 259 N. RADNOR-CHESTER ROAD, SUITE 100 RADNOR, PA 19087	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAUN, TODD R 259 N. RADNOR-CHESTER ROAD, SUITE 100 RADNOR, PA 19087	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARROCH, STEVE 667 SOUTH SERVICE ROAD GRIMSBY, ONT., CANADA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GATER, JANE 667 S SERVICE RD GRIMSBY ONTARIO CANADA, L3M 3G1	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>STEVE DARROCH</u> Feb. 11/05 905-643-4212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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