2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000006268

1. Entity Name
ARKEL CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
1048 FLORIDA BLVD BATON ROUGE, LA 70802	1048 FLORIDA BLVD BATON ROUGE, LA 70802

DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
72-0912550
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIFE, JOHN H
520 GULF SHORE DRIVE, APT 329
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIFE, JOHN H
STREET ADDRESS	1860 OLD PLANTATION LANE
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	V
NAME	KOETSIER, STEVE
STREET ADDRESS	10603 HILLSHIRE AVENUE
CITY-ST-ZIP	BATON ROUGE, LA 70810
TITLE	S
NAME	SANSONE, STEPHANIE
STREET ADDRESS	13021 VIRGIL JACKSON AVENUE
CITY-ST-ZIP	BATON ROUGE, LA 70818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 any address, with all other like empowered.

SIGNATURE: _____ JOHN H. FIFE 1/8/07 (225)344-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #