

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001553

FILED
Jan 14, 2009
Secretary of State

Entity Name: ARC-RITE RESIDENTIAL CONTRACTORS, INC.

Current Principal Place of Business:

5174 FIRST COAST HWY
SUITE B
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

5174 FIRST COAST HWY
SUITE D
FERNANDINA BEACH, FL 32034

Current Mailing Address:

P.O. BOX 416
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 20-2024344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWINSON, JOHN T
102 SNOWY EGRET
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWINSON, JOHN T
Address: 102 SNOWY EGRET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V () Delete
Name: PAHLOW, RICHARD R
Address: 5424 FLORENCE POINT DR
City-St-Zip: FERNANDINA BEACH, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. SWINSON

P

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date