2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F35196

1. Entity Name
AMERICAN ARC, INC.

Principal Place of Business	Mailing Address
6859 NW 35TH STREET	6859 NW 35TH STREET
BELL, FL 32619 US	BELL, FL 32619 US

DO NOT WRITE IN THIS SPACE

01092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2101329	Not Applicable

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

6. Name and Address of Current Registered Agent

MAHONEY, JOSEPH TIMOTHY
6859 NW 35TH STREET
BELL, FL 32619

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	MAHONEY, JOSEPH TIMOTHY
STREET ADDRESS	6859 NW 35TH STREET
CITY-ST-ZIP	BELL, FL
TITLE	ST
NAME	MAHONEY, MARSHA A
STREET ADDRESS	6859 NW 35TH STREET
CITY-ST-ZIP	BELL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000817295
02/14/08-80087-005 150.00

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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 an address, with all other like empowered.

SIGNATURE: _Joseph T. Mahoney_ Joseph T. Mahoney 02/04/08 352-395-5253

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