2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90051 025 ***150.00

DOCUMENT # F40785

1. Entity Name
A R S ARENA AND FEEDLOT INC.

Principal Place of Business	Mailing Address
~~13704 FRUITVILLE RD.~~	~~13704 FRUITVILLE RD.~~
~~SARASOTA, FL 34240~~	~~SARASOTA, FL 34240~~

02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6222 TOWER LANE		6222 TOWER LANE	
Suite, Apt. #, etc. SUITE A-6		Suite, Apt. #, etc. SUITE A-6	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA	
Zip 34240	Country USA	Zip 34240	Country USA

4. FEI Number 59-2152515 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, MICHAEL R
~~13704 FRUITVILLE RD.~~
~~SARASOTA, FL 34240~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 6222 TOWER LANE
SUITE A-6
City SARASOTA FL Zip Code 34240

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	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MURPHY, MICHAEL R		NAME	MURPHY, MICHAEL R	
STREET ADDRESS	13704 FRUITVILLE RD.		STREET ADDRESS	6222 TOWER LANE SUITE A-6	
CITY-ST-ZIP	SARASOTA, FL 00000,		CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	~~ST~~	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	~~SCHOOK, CHRISTINA L~~		NAME		
STREET ADDRESS	~~13704 FRUITVILLE ROAD~~		STREET ADDRESS		
CITY-ST-ZIP	~~SARASOTA, FL 34240~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 2/26/04 941-371-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MICHAEL R. MURPHY