

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90035 018 ***150.00

DOCUMENT # F96000004398

1. Entity Name
ARROWHEAD INDUSTRIAL SERVICES, INC.



Principal Place of Business
**3537 SOUTH NC 119
GRAHAM, NC 27253**

Mailing Address
**PO BOX 1000
GRAHAM, NC 27253**

40019109



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1757451	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$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**

**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, 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	D
NAME	VASSALLO, THOMAS F
STREET ADDRESS	3220 QUINN DRIVE
CITY-ST-ZIP	WILSON, NC 27896

TITLE	PCEO
NAME	VASSALLO, JOHN P
STREET ADDRESS	306 8TH AVENUE EAST
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	VP
NAME	HERBERT, REGINA
STREET ADDRESS	7417 BOUNDY DRIVE
CITY-ST-ZIP	SARASOTA, FL 34321

TITLE	VP
NAME	WILSON, RALPH G
STREET ADDRESS	2616 SADDLE CLUB DRIVE
CITY-ST-ZIP	BURLINGTON, NC 27215

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07
Date

336-574-2777
Daytime Phone #