
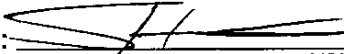


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90056 044 ***150.00

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DOCUMENT # F97000000746					
1. Entity Name FLORIDA ARCO CONSTRUCTION COMPANY, INC.					
Principal Place of Business 1750 S. BRENTWOOD BLVD., #701 ST. LOUIS, MO 63144			Mailing Address 1750 S. BRENTWOOD BLVD., #701 ST. LOUIS, MO 63144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	Chairman of The Board + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLDY, RICHARD R		NAME		
STREET ADDRESS	1750 S. BRENTWOOD BLVD., #701		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63144		CITY-ST-ZIP		
TITLE	OP	<input type="checkbox"/> Delete	TITLE	Secretary + CEO + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JEFFREY L		NAME		
STREET ADDRESS	1750 S. BRENTWOOD BLVD., #701		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63144		CITY-ST-ZIP		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSTE, STEPHEN F		NAME		
STREET ADDRESS	1750 S. BRENTWOOD BLVD., #701		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63144		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMLOS, JOHN A		NAME		
STREET ADDRESS	1750 S. BRENTWOOD BLVD., #701		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63144		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIN, THOMAS G		NAME		
STREET ADDRESS	1750 S. BRENTWOOD BLVD., #701		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63144		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADD, MATTHEW I		NAME		
STREET ADDRESS	1750 S. BRENTWOOD BLVD., #701		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63144		CITY-ST-ZIP		
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: 		STEPHEN F. HOUSE		1/4/06 314-913-0715	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	