


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G51650</b> 1. Entity Name ARMAY EQUITIES, INC.	
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Principal Place of Business 41 INTERSTATE 65 SERVICE ROAD N MOBILE, AL 36608-1201 US	Mailing Address P.O. BOX 160306 MOBILE, AL 36616-1306
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04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 68-0853181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAINT, JOHN D 41 INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, DONALD P JR. 41 INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEFAN, CHESTER J 41 INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WESCH, PAUL C 41 INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPUS, JOSEPH J III 41 INTERSTATE 65 SERVICE ROAD N MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000352888  
05/03/05-80045-010 150.00

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IN THIS SPACE**

12 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 J. Campus 4-21-05 (251) 790-2929  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #