

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65472

FILED
Feb 06, 2004
Secretary of State

Entity Name: ARTHUR ANDERSON, INC.

Current Principal Place of Business:

4726 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4726 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2560361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, ARTHUR
4904 SOUTH SHORE DR.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

ANDERSON, ARTHUR
9515 HILL TOP DRIVE
NEW PORT RICHEY, FL 34654 US

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.

SIGNATURE:

02/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: ANDERSON, DOROTHEA A, .
Address: 4904 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD () Delete
Name: ANDERSON, ARTHUR,
Address: 4804 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: ANDERSON, DOROTHEA A, .
Address: 9515 HILL TOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD (X) Change () Addition
Name: ANDERSON, ARTHUR,
Address: 9515 HILL TOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR H ANDERSON

PD

02/06/2004

Electronic Signature of Signing Officer or Director

Date