2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H72348

1. Entity Name

THE ARCO GROUP, INC.



Principal Place of Business

3728 PHILLIPS HWY., SUITE 46 JACKSONVILLE, FL 32207

Mailing Address

3728 PHILLIPS HWY., SUITE 46 JACKSONVILLE, FL 32207

FILED Apr 27, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02062004 No Chg-P CR2E034 (10/03) Applied For

4. FEI Number 59-2589672

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, JAMES C JR 3728 PHILLIPS HWY JACKSONVILLE, FL 32207

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					
		THOTE. TO SISTER O	a Agent agritore	riedonos Anericanarios	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000133436 04/27/04-80087-012 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COX, JAMES C. JR. 5274 ROLLINS AVE JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COX, JAMES C., JR. 5274 ROLLINS AVE JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Serveyor Wildelikhild Makkauru	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					***************************************
NTLE NAME STREET ADDRESS CITY-ST-ZIP			The state of the s		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on his seport 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 comparation of the receiver or this segmentary in state empowered to execute this control of the comparation of the receiver or this segmentary.					

changed, or on an attachment with an address, with all other

SIGNATURE: