

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # M66229

1. Entity Name
ARC TECH CONSTRUCTION BY DESIGN, INC.



Principal Place of Business
2219 FLINT DRIVE
FORT MYERS, FL 33916 US

Mailing Address
2219 FLINT DRIVE
FORT MYERS, FL 33916



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0022179	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

MICHAEL R RUBIENSTEIN & ASSOCIATES
43270 - 701 COLLEGE PARKWAY
FORT MYERS, FL 33919

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000210032
02/02/05-80059-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BASSETT, JUDY
STREET ADDRESS	229 S.W. 37TH LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	VP
NAME	BASSETT, RONALD E
STREET ADDRESS	229 S.W. 37TH LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	VPST
NAME	BASSETT, RONALD E
STREET ADDRESS	229 SW 37TH LN
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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

Date

Daytime Phone #

[Handwritten Signature] *[Handwritten Initials]* *1/27/05*