

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003823

FILED  
Apr 11, 2011  
Secretary of State

Entity Name: ARGHANDPRODUCTS, INC.

**Current Principal Place of Business:**

602 W BLOUNT ST  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

602 W BLOUNT ST  
PENSACOLA, FL 32501 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FITZGERALD, DAVID L  
602 W BLOUNT ST  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FITZGERALD, DAVID L  
Address: 602 W. BLOUNT ST.  
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP  
Name: FITZGERALD, DIANA L  
Address: 602 W BLOUNT ST  
City-St-Zip: PENSACOLA, FL 32501 US

Title: S/TR  
Name: FITZGERALD, RYAN J  
Address: 602 W BLOUNT ST  
City-St-Zip: PENSACOLA, FL 32501 US

Title: D  
Name: BRYARS, PAMELA  
Address: 106 GILMORE DR  
City-St-Zip: GULF BREEZE, FL 32561 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID FITZGERALD

PRES

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date