

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90078 038 ***150.00

DOCUMENT # P00000001713			
1. Entity Name ARCO FINANCE, INC.			
Principal Place of Business C/O KYLE WILLIAMSON, CHASTANG, FERRELL 999 VANDERBILT BCH RD STE 601 NAPLES, FL 34108		Mailing Address C/O KYLE WILLIAMSON, CHASTANG, FERRELL 999 VANDERBILT BCH RD STE 601 NAPLES, FL 34108	
2. Principal Place of Business - No P.O. Box # c/o Kyle Williamson Suite, Apt. #, etc. Larson Allen 4099 Tamiami Tr. N. #200 City & State Naples, FL Zip 34103 Country USA		3. Mailing Address c/o Kyle Williamson Suite, Apt. #, etc. Larson Allen 4099 Tamiami Tr. N. #200 City & State Naples, FL Zip 34103 Country USA	
4. FEI Number 59-3621932		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KYLE, WILLIAMSON N 999 VANDERBILT BCH RD STE 601 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name: Kyle N. Williamson Street Address (P.O. Box Number is Not Acceptable) 4099 Tamiami Tr. N. Ste. 200 City: Naples FL Zip Code: 34103	
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)			
FILE NOW!!! FEE IS \$450.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HURTH, FEDERICO 999 VANDERBILT BEACH RD, SUITE 601 NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hurth, Federico 4099 Tamiami Tr. N., Suite 200 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Date: 3/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	