

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90384 025 \*\*\*150.00

**DOCUMENT # P00000030973**

1. Entity Name  
**ARROWHEAD POINT DEVELOPMENT CORP.**



Principal Place of Business  
**1110 PINELLAS BAY WAY, STE 213  
TIERRE VERDE, FL 33715**

Mailing Address  
**1110 PINELLAS BAY WAY, STE 213  
TIERRE VERDE, FL 33715**

**60023202**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State  
Zip Country

4. FEI Number  
**59-3640180**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ARSENAULT, KENNETH G JR  
10255 ULMERTON ROAD SUITE 2  
LARGO, FL 33771**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$450.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAIRD, DAVID IV	
STREET ADDRESS	10 GROVE STREET, B	
CITY - ST - ZIP	CHERRY HILL, NJ 08002	
TITLE	P	<input type="checkbox"/> Delete
NAME	RODGERS, THOMAS A	
STREET ADDRESS	1110 PINELLAS BAY WAY, STE 213	
CITY - ST - ZIP	TIERRA VERDE, FL 33175	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BAIRD, DAVID	
STREET ADDRESS	10 GROVE ST., STE B	
CITY - ST - ZIP	CHERRY HILL, NJ 08002	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	executor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Baird	
STREET ADDRESS	10 GROVE STREET	
CITY - ST - ZIP	CHERRY HILL NJ 08002	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Thomas Baird 3/24/06 609-923-1442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #