

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005226

Entity Name: A R DOCS, INC.

FILED
Apr 09, 2004
Secretary of State

Current Principal Place of Business:

15310 AMBERLY DR., #250-15
TAMPA, FL 33647

New Principal Place of Business:

15310 AMBERLY DR., #250-34
TAMPA, FL 33647

Current Mailing Address:

PO BOX 46222
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3704563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNE, CATHY
15310 AMBERLY DR., #250-15
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

HORNE, CATHY
15310 AMBERLY DR., #250-34
TAMPA, FL 33647 US

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

04/09/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALDWELL, GAIL
Address: 10340 BIRDWATCH DR.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: HORNE, CATHY
Address: 3828 SAINT AUGUSTINE PLACE
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CALDWELL

D

04/09/2004

Electronic Signature of Signing Officer or Director

Date