

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90486 044 ***150.00

DOCUMENT # P01000009667

1. Entity Name
ARROWMAC DESIGNS, INC.



Principal Place of Business
**415 S DALE MABRY HWY, STE A
TAMPA, FL 33609**

Mailing Address
**415 S DALE MABRY HWY, STE A
TAMPA, FL 33609**

2. Principal Place of Business
210 South 12th Street
Suite, Apt. #, etc.

3. Mailing Address
210 South 12th Street
Suite, Apt. #, etc.



04172005 Chg-P CR2E034 (10/03)

City & State
Tampa, FL
Zip
33602 Country
USA

City & State
Tampa, FL
Zip
33602 Country
USA

4. FEI Number
59-3693420 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMAHON, AMANDA
415 S DALE MABRY HWY, STE A
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name **Same (McMahon, Amanda)**
Street Address (P.O. Box Number is Not Acceptable)
210 South 12th St.
City **Tampa** FL Zip Code
33602

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 **Amanda McMahon (Trudy Arrowood)**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-17-05
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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCMAHON, AMANDA**
CITY-ST-ZIP **4038 DUNNIE DR 2502 W. Palm #2
TAMPA, FL 33614 Tampa, FL 33629**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARROWOOD, TRUDY**
CITY-ST-ZIP **3301 BAYSHORE BLVD. SUITE 2202 3960 River Oak Ln.
TAMPA, FL 33624 Sebastian, FL 32916**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Trudy Arrowood (Trudy Arrowood)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-05 **813-877-1212**
Date Daytime Phone #