


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000056224	
1. Entity Name ARROWHEAD R V SALES, INC.	

Principal Place of Business 4820 E HIGHWAY 90 MARIANNA, FL 32446	Mailing Address 4820 E HIGHWAY 90 MARIANNA, FL 32446
--	--



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1857155	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CARRAWAY, LEIGH R 4820 E HIGHWAY 90 MARIANNA, FL 32446

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARRAWAY, LEIGH R 4820 E HWY 90 MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARRAWAY, CHARLES E 4820 E HWY 90 MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000006425
01/16/04-80034-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-04