

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90046 023 ***150.00

DOCUMENT # P01000067809

1. Entity Name
ARROWHEAD REAL ESTATE GROUP, INC.



Principal Place of Business
8910 N. DALE MABRY HWY
SUITE 29
TAMPA, FL 33614

Mailing Address
818 S WESTSHORE BLVD
TAMPA, FL 33609

54003978



2. Principal Place of Business

3. Mailing Address

P O Box 272331

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312004 Chg-P CR2E034 (10/03)

City & State

City & State

TAMPA, FL

4. FEI Number

61-1413297

Applied For

Not Applicable

Zip

Country

Zip

33688-2331

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSMANO, JOSEPH P
818 S WESTSHORE BLVD
TAMPA, FL 33609

Name

SAME AGENT

Street Address (P.O. Box Number is Not Acceptable)

8910 N. DALE MABRY HWY # 29

City

TAMPA

FL

Zip Code

33614

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CUSMANO, JOSEPH P
STREET ADDRESS 818 S WESTSHORE BLVD
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☒ Change ☐ Addition
NAME 8910 N. DALE MABRY HWY # 29
STREET ADDRESS TAMPA, FL 33614
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CUSMANO, PHILIP J
STREET ADDRESS 818 S WESTSHORE BLVD
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☒ Change ☐ Addition
NAME 8910 N. DALE MABRY HWY # 29
STREET ADDRESS TAMPA, FL 33614
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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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:

JOSEPH P. CUSMANO

2/4/04 813 784 6232