


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90013 015 ***150.00

DOCUMENT # <i>P02000012766</i>	
1. Entity Name <i>ARCALL N ECOSI</i>	

DO NOT WRITE IN THIS SPACE

54022136

2. Principal Place of Business <i>300 DUNCAN S.</i>		3. Mailing Address <i>5 Birdie Lane</i>	
Suite, Apt. #, etc. <i>SUITE 210</i>		Suite, Apt. #, etc.	
City & State <i>CLEARWATER FL</i>		City & State <i>PALM HARBOR FL</i>	
Zip <i>33755</i>	Country <i>U.S.</i>	Zip <i>34683</i>	Country <i>U.S.</i>

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DO NOT WRITE IN THIS SPACE	4. FEI Number <i>04-3597311</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current 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 *Francis Carpentier* (NOTE: Registered Agent signature required when reinstating) DATE *3/22/04*

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D RICHARD ARCALL 5 Birdie Lane PALM HARBOR FL 34683</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D FRANCIS CARPENTIER 5 Birdie Lane PALM HARBOR FL 34683</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Francis Carpentier* DATE *3/22/04* 787/736-6998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)