

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000050552

1. Entity Name
ARRGH, INC.



Principal Place of Business
**4731 SUDBURY DRIVE
ORLANDO, FL 32826**

Mailing Address
**4731 SUDBURY DRIVE
ORLANDO, FL 32826**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0011082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELEHUNT, JANINE
4731 SUDBURY DR
ORLANDO, FL 32826**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILKINSON, TERRI
STREET ADDRESS	4747 S WASHINGTON AVE #111
CITY - ST - ZIP	TITUSVILLE, FL 32780
TITLE	V
NAME	ZEHNER, NANCY
STREET ADDRESS	608 HERMITS TRAIL
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	ST
NAME	DELEHUNT, JANINE
STREET ADDRESS	4731 SUDBURY DR
CITY - ST - ZIP	ORLANDO, FL 32826
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000420676
02/16/06-80008-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Janine S. Delehunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.02.2006 (407) 382-2160
Date Daytime Phone #