2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 12, 2004 08:00 AM **DOCUMENT # P02000059876 Secretary of State** 1. Entity Name ARTHUR DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 321 INTERSTATE BLVD. 321 INTERSTATE BLVD. SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 04-3678774 Not Applicable Ziρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALLOY, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 321 INTERSTATE BLVD. SARASOTA FL 34240 City 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 SIGNATURE Signature typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D TITLE ☐ Chance Addition ☐ Delete HALLOY, RICHARD A MAME NAME STREET ADDRESS 5850 VANDERIPE RD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP Addition TITLE Delete 1371 F ☐ Chance NAME NAME U00000049092 02/13/04-20009-020 150.00 STREET ADDRESS STREET ADDRESS C874-ST-289 CITY-ST-ZIP Change Addition BITE ☐ Delete DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE □ Delete TITLE Change Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP Delete TETLE ☐ Change ☐ Addition THELE MASSE MEASE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete THE ☐ Change Addition MASAF NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 feport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block I i if changed, or on an attachment with an address, with all other like sharping and 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 feport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block I i if changed, or on an attachment with an address, with all other like sharping and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowers and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowers and the same legal effect as if made under oath; that I am an officer or director of the corporation of the

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