2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078804

FILED Jan 20, 2009 Secretary of State

Entity Nan	ne: ARNC	O COMMERCIAL DEVELOPMEN	ITS, INC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1110 PENNSYLVANIA AVENUE ST. CLOUD, FL 34769			SUITE 104	1110 PENNSYLVANIA AVENUE SUITE 104 ST. CLOUD, FL 34769	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
P O BOX 450037 KISSIMMEE, FL 34745			P O BOX 450037 KISSIMMEE, FL 34	P O BOX 450037 KISSIMMEE, FL 347450037 US	
FEI Number:	54-2146769	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
ARNOLD, GEORGE 1110PENNSYLVANIA AVENUE ST. CLOUD, FL 34769 US			1110PENNSYLVAN SUITE 104	ARNOLD, GEORGE 1110PENNSYLVANIA AVENUE SUITE 104 ST. CLOUD, FL 34769 US	
The above in the State		ty submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: GEORGE ARNOLD				01/20/2009	
Electronic Signature of Registered Agent				Date	
Election Carr	npaign Finand	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ARNOLD, G 1110 PENN ST. CLOUD,	SYLVANIA AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ARNOLD, BI 1110 PENNS ST. CLOUD,	SYLVANIA AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T MCCUBBIN,	() Delete DEATA M	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEATA MCCUBBIN T 01/20/2009

1110 PENNSYLVANIA AVENUE

ST. CLOUD, FL 34769

Address:

City-St-Zip: