

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90036 016 ***150.00

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1. Entity Name

ARROW CONSULTING SERVICES, INC.



Principal Place of Business

691 7TH STREET
CHIPLEY FL 32428

Mailing Address

POST OFFICE BOX 796
CHIPLEY FL 32428



2. Principal Place of Business - No P.O. Box #

935 Main St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Chipley, FL

City & State

4. FEI Number

20-0187252

Applied For

Not Applicable

Zip

32528

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, TINA N
1329 QUIET COVE COURT
GULF BREEZE FL 32563

7. Name and Address of New 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

Tina N Bell

Signature, typed or printed name of registered agent and one if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

2-19-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BELL, TINA N
STREET ADDRESS 1329 QUIET COVE COURT
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE V ☐ Delete
NAME RICKER, WANDA DALE
STREET ADDRESS 691 7TH STREET
CITY-ST-ZIP CHIPLEY FL 32428

TITLE V ☐ Delete
NAME HAYES, MARSHA ANN
STREET ADDRESS 691 7TH STREET
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained in Section 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:

Tina N Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08

Date

Daytime Phone