

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095269

FILED
Jan 28, 2009
Secretary of State

Entity Name: ARROW CONSULTING SERVICES, INC.

Current Principal Place of Business:

935 MAIN ST
CHIPLEY, FL 32528

New Principal Place of Business:

9511 HOLSBERRY ROAD
SUITE B-11
PENSACOLA, FL 32534

Current Mailing Address:

POST OFFICE BOX 796
CHIPLEY, FL 32428

New Mailing Address:

9511 HOLSBERRY ROAD
SUITE B-11
PENSACOLA, FL 32534

FEI Number: 20-0187252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELL, TINA N
Address: 1329 QUIET COVE COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: V () Delete
Name: RICKER, WANDA DALE
Address: 691 7TH STREET
City-St-Zip: CHIPLEY, FL 32428

Title: V () Delete
Name: HAYES, MARSHA ANN
Address: 691 7TH STREET
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RICKER, WANDA DALE
Address: 691 7TH STREET
City-St-Zip: CHIPLEY, FL 32428

Title: VP (X) Change () Addition
Name: HAYES, MARSHA ANN
Address: 691 7TH STREET
City-St-Zip: CHIPLEY, FL 32428

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.

SIGNATURE: MARSHA ANN HAYES

VP

01/28/2009

Electronic Signature of Signing Officer or Director

Date