2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90538 044 ***158.75

DOCUMENT # P03000111639

1. Entity Name
ARNOLD & CHAD'S SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
7000 SE 221ST STREET HAWTHORNE, FL 32640	P.O. BOX 1238 HAWTHORNE, FL 32640

50046407

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		7000 SE 221st Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Hawthorne, FL	
Zip	Country	Zip: 32640	Country: Alachua

4. FEI Number: 51-0500272 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYES, CHAD 7000 SE 221ST STREET HAWTHORNE, FL 32640	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 ______________________________
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYES, ARNOLD P.O. BOX 1238 HAWTHORNE, FL 32640 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYES, CHAD P.O. BOX 1238 HAWTHORNE, FL 32640 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Cha~~ Mayes, Chad 1194 NCR 315 Melrose, FL 32666 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: Chad Mayes — 4-28-05 — 352/481-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #