

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90033 024 ***150.00

DOCUMENT # P04000023711

1. Entity Name
AMERICAN RESEARCH NOTARY SERVICES, INC.



Principal Place of Business
6990 - 82ND AVENUE N.
PINELLAS PARK, FL 33781

Mailing Address
100 DOUGLAS DRIVE
EUSTIS, FL 32726

50059277



2. Principal Place of Business

18950 US Hwy 441

3. Mailing Address

18950 US Hwy 441

Suite, Apt. #, etc.

#146

Suite, Apt. #, etc.

#146

City & State

MOUNT DORA, FL

City & State

MOUNT DORA, FL

Zip

32757

Country

Zip

32757

Country

07122005

Chg-P

CR2E034 (10/03)

4. FEI Number

42-1620629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIGNA, VICTORIA
6990 - 82ND AVENUE N.
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name

SAPIER, SHERRY

Street Address (P.O. Box Number is Not Acceptable)

18950 US Hwy 441

#146

City

MOUNT DORA

FL

Zip Code

32757

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SAPIER, SHERRY
STREET ADDRESS 100 DOUGLAS DRIVE
CITY-ST-ZIP EUSTIS, FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition
NAME SAPIER SHERRY
STREET ADDRESS 18950 US Hwy 441 #146
CITY-ST-ZIP MOUNT DORA, FL 32757

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

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.8.05

Date

Daytime Phone #