

FILED
May 02, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000023711

1. Entity Name
AMERICAN RESEARCH NOTARY SERVICES, INC.



Principal Place of Business
18950 US HWY 441
#146
MOUNT DORA, FL 32757

Mailing Address
18950 US HWY 441
#146
MOUNT DORA, FL 32757



04222008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1820829

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAPIER, SHERRY
18950 US HWY 441
#146
MOUNT DORA, FL 32757

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IN THIS SPACE

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 file if applicable.

(NOTIF - Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SAPIER, SHERRY
18950 US HWY 441
MOUNT DORA, FL 32757

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/29/08-80100-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

SHERRY SAPIER

Daytime Phone #