

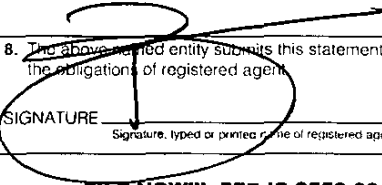



FILED
Aug 11, 2008 8:00 am
Secretary of State

DOCUMENT # P04000057321				08-11-2008 90121 022 ***150.00	
1. Entity Name WM ARTHUR CONSTRUCTION, INC.					
Principal Place of Business 800 DOUGLAS ROAD 303 CORAL GABLES, FL 33134		Mailing Address 800 DOUGLAS ROAD 303 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box # 927 HARDEE RD.		3. Mailing Address P.O. Box 14,2116			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08082008 Chg-P CR2E034 (12/06)	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL.		4. FEI Number 06-1730006	
Zip 33146		Country US		Applied For Not Applicable	
Zip 33146		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTHUR, BRUCE A 800 DOUGLAS ROAD SUITE 303 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name ARTHUR, BRUCE A. Street Address (P.O. Box Number is Not Acceptable) 11712 SW 81st ROAD City VILLAGE OF PINECREST FL Zip Code 33156	
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  DATE 10 JULY 08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ARTHUR, WILLIAM F 1265 SOUTH ALHAMBRA CIRCLE, UNIT B CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTHUR, WILLIAM F. 11712 SW 81ST ROAD PINECREST, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARTHUR, ALISON M 1265 SOUTH ALHAMBRA CIRCLE, UNIT B CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARTHUR, BRUCE A. 11712 SW 81ST ROAD PINECREST, FL. 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, WILLIAM H 800 DOUGLAS ROAD, SUITE 303 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTHUR, WILLIAM P. 3908 HIWATHA BLVD. FT. WAYNE, IND. 46809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 empowered.					
SIGNATURE: 		SIGNATURE: WM. F. ARTHUR PRES 10 JULY 08 (305) 443-3100			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			



wmarthur

ATTACHMENT

40113129
004000057321

10July08

*Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500*

RE: \$550.00 annual fee

Dear Div. of Corporations:

My father and director of Wm. Arthur Construction, Inc. passed away. We moved our offices and I did not receive a notice. I have enclosed \$150.00.

Thank you,

*Wm. F. Arthur-Architect/ Builder
AR0012074*