## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P04000125114

ARK ENGINEERING, INCORPORATED



US

**FILED** Mar 22, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

22 NORTH BROAD ST

PO BOX 10129

BROOKSVILLE, FL 34601

BROOKSVILLE, FL 34603



No Chg-P

## DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 20-1474047 Not Applicable

5. Certificate of Status Desired

03122007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BANBURY, CHRISTOPHER A 1331 CANDLELIGHT BLVD BROOKSVILLE, FL 34601

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered Ag	nt signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	. Jane et	همو به هدر بدار بهرستي
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P BANBURY, CHRISTOPHER A PO BOX 12347 BROOKSVILLE, FL 34603	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00000067602 03/30/07-80042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITI	<b>E</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	<b>E</b> .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·	:			
TITLE NAME STREET ADDRESS		San	4.			

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: \_\_

CITY-ST-ZIP ·

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR