# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 09, 2006 8:00 am**
**Secretary of State**
03-09-2006 90160 046 ***150.00

DOCUMENT # P05000028728

1. Entity Name
ARS BUSINESS SOLUTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| JACKSONVILLE, FL 32225 | JACKSONVILLE, FL 32225 |

02152006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 952 Mystic Harbor Drive. | 952 Mystic Harbor Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville, Fl | City & State: Jacksonville, Fl |
| Zip: 32225 Country: US | Zip: 32225 Country: US |

4. FEI Number: 20-2444316 ☐ 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 |
|---|---|
| ALRON ENTERPRISES, INC.<br>3990 MINTON ROAD<br>W MELBOURNE, FL 32904 | Name: Scott Shaw<br>Street Address (P.O. Box Number is Not Acceptable): 952 Mystic Harbor Drive<br>City: Jacksonville FL Zip Code: 32225 |

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: _____ Scott Shaw, Reg. Agent 02/15/06
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, 2006 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<br>SHAW, SCOTT 952 Mystic Harbor Drive<br>JACKSONVILLE, FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPS<br>Shaw, Scott 952 Mystic Harbor Drive<br>Jacksonville, FL 32225 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Shaw, Kamie 952 Mystic Harbor Drive<br>Jacksonville, FL 32225 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Acadimia, Bruce L.<br>952 Mystic Harbor Dr.<br>Jacksonville, Florida 32225 | ☐ 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 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:** _____ Scott Shaw, Director 02/15/06 904-371-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #