

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90127 037 \*\*\*150.00

**DOCUMENT # P06000123340**

1. Entity Name

ARM BUILDING, INC.



Principal Place of Business

7728 B 46ST AVE N.  
SAINT PETERSBURG FL 33709

Mailing Address

7728 B 46ST AVE N.  
SAINT PETERSBURG FL 33709



2. Principal Place of Business - No P.O. Box #

7800 A 46TH AVE. N.

3. Mailing Address

7800 A 46TH AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

St. PETERSBURG, FL

City & State

St. PETERSBURG, FL

4. FEI Number

13-4343470

Applied For

Not Applicable

Zip

33709

Country

USA

Zip

33709

Country

USA

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND-ST.  
4TH FLOOR  
MIAMI FL 33145

Name **STEVEN H. MILLER**

Street Address (P.O. Box Number is Not Acceptable)  
7800 A 46TH AVE. N.

St. PETERSBURG

City

FL

Zip Code

33709

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 *Steven H. Miller* (PRESIDENT)  
Signature, typed or printed name of registered agent and title, if applicable.

**STEVEN H. MILLER**  
(NOTE: Registered Agent signature required when reinstating)

**APRIL 14, 2008**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 PSTD ☐ Delete  
NAME MILLER, STEVEN H  
STREET ADDRESS 5019 29TH AVE SOUTH - # 1  
CITY-ST-ZIP GULFPORT FL 33707

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 exemptions contained in Section 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: *Steven H. Miller* **STEVEN H. MILLER** 4-14-08 (727) 412-5746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #