

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 040 ***150.00

DOCUMENT # P94000028078

1. Entity Name

ARG ENTERPRISES, INC.



Principal Place of Business

153958 AMBERLY DR
TAMPA FL 33647

Mailing Address

22539 SOUTHSORE DRIVE
LAND-O-LAKES FL 34639-4727

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3235116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

SHEAR, ROBERT L
2790 SUNSET POINT RD
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when revalidating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE PD ☐ Delete
NAME GIALLANZA, ANTHONY J
STREET ADDRESS 22401 YACHT CLUB TERRACE
CITY-ST-ZIP LAND-O-LAKES FL 34639-4727

TITLE T ☒ Delete
NAME GIALLANZA, JOSEPH
STREET ADDRESS 22539 SOUTHSORE DR
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE STD ☐ Delete
NAME GIALLANZA, GEORGINA
STREET ADDRESS 22539 SOUTHSORE DRIVE
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE VPD ☐ Delete
NAME GRALLANZA, CHRISTINE
STREET ADDRESS 22401 YACHTCLUB TERRACE
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE *ST delete director* ☒ Change ☐ Addition
NAME *GIALLANZA Georgina*
STREET ADDRESS *22539 Southshore Dr.*
CITY-ST-ZIP

TITLE *(Add director) VPD* ☒ Change ☐ Addition
NAME *Giallanza Christine*
STREET ADDRESS *22401 Yachtclub Terrace*
CITY-ST-ZIP *Land O Lakes, FL 34639*

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/06

813 925.0437