## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 02, 2006 8:00 am Secretary of State DOCUMENT # P94000028078 05-02-2006 90221 040 \*\*\*150.00 ARG ENTERPRISES, INC. Principal Place of Business Mailing Address 153958 AMBERLY DR TAMPA FL 33647 22539 SOUTHSHORE DRIVE LAND-O-LAKES FL 34639-4727 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3235116 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEAR, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 2790 SUNSET POINT RD **CLEARWATER FL 33759** 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE ☐ Delete Change ☐ Addition GIALLANZA, ANTHONY J NAME STREET ADDRESS 22401 YACHT CLUB TERRACE STREET ADDRESS CITY-ST-ZIP LAND-O-LAKES FL 34639-4727 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Channe NAME GIALLANZA, JOSEPH NAME STREET ADDRESS 22539 SOUTHSHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O LAKES FL 34639 deletebirector TITLE ☐ Delete TITLE 🔀 Change STD ☐ Addition GIALLANZA GEORGINA 22539 Southshore Dr. NAME NAME GIALLANZA, GEORGINA STREET ADDRESS STREET ADDRESS 22539 SOUTHSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAND O LAKES FL 34639 Add directoryupo. VP O Change TITLE ☐ Delete TITLE ☐ Addition Giallanza Christine GRALLANZA, CHRISTINE NAME Land Otakes, FL 34639 STREET ADDRESS 22401 YACHTCLUB TERRACE STREET ADDRESS LAND O LAKES FL 34639 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED