

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90012 025 ***150.00

DOCUMENT # P94000070634

1. Entity Name
WM. ARTHUR AND ASSOCIATES, INC.



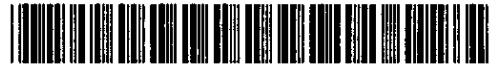
Principal Place of Business

800 DOUGLAS RD
STE 303
MIAMI, FL 33134 US

Mailing Address

800 DOUGLAS RD
STE 303
MIAMI, FL 33134 US

44050026



2. Principal Place of Business

1390 S. DIXIE HWY.
Suite, Apt. #, etc.
#2216

3. Mailing Address

1390 S. DIXIE HWY
Suite, Apt. #, etc.
#2216

07082004

Chg-P

CR2E034 (10/03)

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-0527301

Applied For

Not Applicable

Zip

33146

Country

US

Zip

33146

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARTHUR, BRUCE A
800 DOUGLAS RD
SUITE 303
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

ARTHUR, BRUCE A

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ARTHUR, WM. F
STREET ADDRESS 927 HARDEE ROAD
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE V ☐ Delete
NAME ARTHUR, ALISON M
STREET ADDRESS 927 HARDEE ROAD
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D ☐ Delete
NAME ARTHUR, WILLIAM H
STREET ADDRESS 800 DOUGLAS RD, #303
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 exemption stated in Section 119.07(3)(i), 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

08 JUL 04

Date

(305) 753-5057

Daytime Phone #