## 2006 FOR PROFIT CORPORATION

## Apr 13, 2006 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P94000091302** 1. Entity Name ARGCO, INC. Principal Place of Business Mailing Address 1212 ST. ALBANS LOOP 1212 ST. ALBANS LOOP HEATHROW, FL 32746 HEATHROW, FL 32746 CR2E034 (11/05) 02132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3283465 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EVANS, DAVID L 225 E ROBINSON ST SUITE 600 IN THIS SPACE ORLANDO, FL 32801 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. (NOTE: Registered Agent signature required when reinstalling) Signature, typed or printed name of registated agent and title if applicable U00000506275 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 04/27/06-80016-011 150.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME ARGIRION, MICHAEL 1212 ST. ALBANS LOOP STREET ADDRESS HEATHROW, FL 32746 CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-70P TME NAME STREET ADDRESS DO NOT WRITE CITY-\$7-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not quality 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 afficient like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF PRINTED NAME UF SIGNING OF FICUR OR UMECTOR

FILED