## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 16, 2007 08:00 AM Secretary of State DOCUMENT # P95000002793 1. Entity Name A & R ENTERPRISES OF SIESTA KEY, INC. Principal Place of Business Mailing Address 1255 STARBOARD LANE 1255 STARBOARD LANE SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0552609 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEKONSKI, RONALD S Street Address (P.O. Box Number is Not Acceptable) 1255 STARBOARD LANE SARASOTA FL 34242 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete UTLE Change Addition JEKONSKI, RONALD S NAME NAME U00000706076 1255 STARBOARD LANE STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 04/24/07-80019-018 150.00 CITY-ST-ZIP CITY-ST-ZIP □ Detete ☐ Change Addition JEKONSKI, ARDITH M NAME NAME 1255 STARBOARD LANE STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 eath; that I am an efficer or director of the corporation or the report 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 attackment with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4-16-07

141-3498279