

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000019405

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ARLINGTON BUSINESS RECORDS MANAGEMENT, INC.

**Current Principal Place of Business:**

735 ARLINGTON AVENUE, NORTH  
103  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

735 ARLINGTON AVENUE, NORTH  
103  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 59-3327629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARESE, JOHN SR.  
735 ARLINGTON AVENUE, NORTH  
103  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FARESE, JOHN  
Address: 735 ARLINGTON AVENUE, NORTH  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: STD  
Name: FARESE, PATRICIA  
Address: 735 ARLINGTON AVENUE, NORTH  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN FARESE

PD

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date