

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90035 001 ***150.00

DOCUMENT # P95000024406

1. Entity Name
A & R PROPERTIES, INC.



Principal Place of Business
**11266 W. HILLSBOROUGH AVE
102
TAMPA, FL 33635 US**

Mailing Address
**11266 W. HILLSBOROUGH AVE
102
TAMPA, FL 33635 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3304758

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETTOFREZZO, ROBERT W. ?
11266 WEST HILLSBOROUGH AVE., #102
TAMPA, FL 33635**

Name **Robert W. Pettofrezzo**
Street Address (P.O. Box Number is Not Acceptable)
8710 West Hillsborough Ave #102
City **Tampa** FL Zip Code **33615**

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 **RW Pettofrezzo** **Robert W. Pettofrezzo, President 2/7/06**
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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PETTOFREZZO, ROBERT W**
CITY-ST-ZIP **11266 WEST HILLSBOROUGH AVE., #102
TAMPA, FL 33635**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8710 west Hillsborough Avenue, #102**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 all other like empowered.

SIGNATURE: **RW Pettofrezzo** **Robert W. Pettofrezzo 2/7/2006 813-891-1837**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #