


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90066 050 \*\*\*150.00

<b>DOCUMENT # P95000024406</b>	
1. Entity Name <b>A &amp; R PROPERTIES, INC.</b>	

Principal Place of Business 11266 W. HILLSBOROUGH AVE 102 TAMPA, FL 33635 US	Mailing Address 11266 W. HILLSBOROUGH AVE 102 TAMPA, FL 33635 US
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2. Principal Place of Business - No P.O. Box # <b>8710 W. Hillsborough Ave</b>	3. Mailing Address <b>8710 W. Hillsborough Ave</b>
Suite, Apt. #, etc. <b>Suite 102</b>	Suite, Apt. #, etc. <b>Suite 102</b>
City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33605</b>	Country <b>USA</b>

400037

02212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3304758</b>	Approved For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PETTOFREZZO, ROBERT W 8710 W HILLSBOROUGH AVE 102 TAMPA, FL 33615</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Robert Pettofrezzo* DATE 2/21/07

Signature, typed or printed name of registered agent and office, if applicable. (NOTE: Registered Agent signature required when resigning.)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PETTOFREZZO, ROBERT W 8710 W HILLSBOROUGH AVE 102 TAMPA, FL 33615</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Pettofrezzo* **ROBERT PETTOFREZZO** 2/21/07 (813) 891-1837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR