

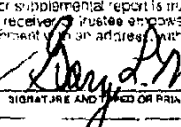
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Hill & Co CPA

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90053 004 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000054791			
1. Entity Name ARROW ALUMINUM INC. OF SOUTHWEST FLORIDA			
Principal Place of Business 8651 CORKSCREW LANE NAPLES, FL 33964 34120		Mailing Address 1318 LAFAYETTE ST. CAPE CORAL, FL 33904	
2. Principal Place of Business Suite, Apt. # etc.		3. Mailing Address Suite, Apt. # etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FFI Number 65-0593575		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, GARY L 8651 CORKSCREW LANE NAPLES, FL 33964		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ Signature of officer or director of registered agent and not applicable (NOT for Registered Agent signature required when registering) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After 1 day 1, 2005 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 NAME STREET ADDRESS CITY-STATE-ZIP	D MYERS, GARY L 8651 CORKSCREW LANE NAPLES, FL 33964 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MYERS, LINDA L 8651 CORKSCREW LANE NAPLES, FL 33964 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), Florida Statutes. I further certify that the information included 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, 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 to this report, with all other like empowered.			
SIGNATURE:  GARY L. MYERS		1-19-05	
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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