


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # P95000054791 | |  |
| 1. Entity Name ARROW ALUMINUM INC. OF SOUTHWEST FLORIDA | | |

| | |
|--|---|
| Principal Place of Business 6651 CORKSCREW LANE NAPLES, FL 34120 | Mailing Address 1318 LAFAYETTE ST. CAPE CORAL, FL 33904 |
|--|---|



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0593575 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| MYERS, GARY L 6651 CORKSCREW LANE NAPLES, FL 33964 | |

**DO NOT WRITE
IN THIS SPACE**

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, 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

**1100000401730
02/02/06-80054-022 158.75**

| 10. OFFICERS AND DIRECTORS | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MYERS, GARY L 6651 CORKSCREW LANE NAPLES, FL 33964 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MYERS, LINDA L 6651 CORKSCREW LANE NAPLES, FL 33964 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 239-572-4470
Date Daytime Phone #