

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90316 040 ***193.75

DOCUMENT # P96000042226

1. Entity Name
FIVE ARROWS, INC.



Principal Place of Business
**910 E 127TH AVE
 TAMPA, FL 33612**

Mailing Address
**910 E 127TH AVE
 TAMPA, FL 33612**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03102004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3383861

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required** **(5)**

6. Name and Address of Current Registered Agent

**TYER, STEPHEN J.
 910 E 127TH AVE
 TAMPA, FL 33612**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE PT	<input type="checkbox"/> Delete
NAME TYER, STEPHEN J	
STREET ADDRESS 7015 SKYLANE DR	
CITY-ST-ZIP ORLANDO, FL	
TITLE VP	<input type="checkbox"/> Delete
NAME MONROE, TODD M	
STREET ADDRESS 8106 VINELAND OAKS BLVD	
CITY-ST-ZIP ORLANDO, FL	
TITLE S	<input type="checkbox"/> Delete
NAME SCANELLA, DANIEL V	
STREET ADDRESS 1419 84TH AVE N	
CITY-ST-ZIP ST PETERSBURG, FL	
TITLE AS	<input type="checkbox"/> Delete
NAME PARKER, ROBERT M	
STREET ADDRESS 12323 VICKSBURG DR	
CITY-ST-ZIP TAMPA, FL	
TITLE P	<input type="checkbox"/> Delete
NAME WEIGEL, PAUL H	
STREET ADDRESS 10109 LINDELAAN DR	
CITY-ST-ZIP TAMPA, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paul Weigel **PAUL WEIGEL** 4-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #