2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000042226

1. Entity Name
FIVE ARROWS, INC.

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

DO NOT WRITE IN THIS SPACE

04192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3383861	Not Applicable

5. Certificate of Status Desired   ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	T	
NAME	TYER, STEPHEN J	
STREET ADDRESS	7015 SKYLANE DR	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	VP	
NAME	MONROE, TODD M	
STREET ADDRESS	8106 VINELAND OAKS BLVD	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	S	
NAME	SCANELLA, DANIEL V	
STREET ADDRESS	1419 84TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	AS	
NAME	PARKER, ROBERT M	
STREET ADDRESS	12323 VICKSBURG DR	
CITY-ST-ZIP	TAMPA, FL	
TITLE	P	
NAME	WEIGEL, PAUL H	
STREET ADDRESS	10109 LINDELAAN DR	
CITY-ST-ZIP	TAMPA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____   4-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #