


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000042226 1. Entity Name FIVE ARROWS, INC.	
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Principal Place of Business 910 E 127TH AVE TAMPA, FL 33612	Mailing Address 910 E 127TH AVE TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3383861	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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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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

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

U00000554088
05/15/06-80078-012 158.75

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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:  4/27/06 972-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #