2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

## Feb 09, 2005 08:00 AM Secretary of State DOCUMENT # P97000068286 1. Entity Name ARROW BUILDING CORPORATION, INC. Mailing Address Principal Place of Business P O BOX 10301 7701 JEWEL LANE NAPLES FL 34101 NAPLES FL 34101 2. Principal Place of Business 3. Mailing Address CR2E034 (10/04) Suite, Apt #, etc. 1st MOORE Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 65-0808773 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLACKBURN, E. BERNARD Street Address (P.O. Box Number Is Not Acceptable) 7701 JEWEL LANE NAPLES FL 34101 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 10. PSTO HILE ☐ Change Addition | HUE Delete BLACKBURN, E BERNARD NAME NAME 7701 JEWEL LANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP NAPLES FL 34101 CITY-ST-ZIP VD THLE Change ☐ Addition TITLE Delete U00000221353 02/09/05-80031-003 158.75 BLACKBURN, WILLIAM H NAME NAME 809 S BROAD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THOMASVILLE GA 31792 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition Change TITLE ☐ Detete NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete THLE NAME NAME STREET ADDRESS 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 eath, 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

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