


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED

**Jan 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # P98000029654 1. Entity Name RICK ARSCOTT CONSULTING, INC.	
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Principal Place of Business 808 SOUTHEAST 12TH COURT, #3 FORT LAUDERDALE, FL 33316	Mailing Address 808 SOUTHEAST 12TH COURT, #3 FORT LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE

	
01082008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0827307	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

**ARSCOTT, RICK
808 SOUTHEAST 12TH COURT, #3
FORT LAUDERDALE, FL 33316**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARSCOTT, RICK 808 SOUTHEAST 12TH COURT, #3 FORT LAUDERDALE, FL 33316
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01/29/08-80081-022 158.75

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: Rick ARSCOTT, President 1/20/08 954-351-9628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EXT 120