

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000103558**

1. Entity Name  
**AR-JOY OF TAMPA, INC.**



Principal Place of Business  
**3641 W KENNEDY BLVD  
STE A  
TAMPA, FL 33609 US**

Mailing Address  
**3641 W KENNEDY BLVD  
STE A  
TAMPA, FL 33609 US**



04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3563088**

Applied For  
**Not Applicable**

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

**8. Name and Address of Current Registered Agent**

**BARNETT, LESLIE J  
BARNETT, BOLT, KIRKWOOD & LONG  
601 BAYSHORE BLVD., STE 700  
TAMPA, FL 33608**

**DO NOT WRITE  
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 re-registering)

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  
**D  
LEVY, ARIC  
1200 SHEPPARD AVENUE EAST #106  
WILLOWDALE ONTARIO CANADA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEVY, JOY  
1200 SHEPPARD AVENUE EAST #106  
WILLOWDALE ONTARIO CANADA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEVY, CLIFF  
4932 ST. CROIX DRIVE  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/29/06-80070-010 150.00

**DO NOT WRITE  
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 changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CLIFF LEVY**

**4/12/06**

Date

**(813) 353-2220**

Daytime Phone #