## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000019076

1. Entity Name

ARGER THAN LIFE, INC.



FILED Jan 22, 2008 08:00 Al Secretary of State

Principal Place of Business

6609 FRANCONIA DRIVE Belle Isle, FL 32812 Mailing Address

6609 FRANCONIA DRIVE BELLE ISLE, FL 32812



## DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3566117

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARGE, RONALD B 6609 FRANCONIA DRIVE ORLANDO, FL 32812

## DO NOT WRITE IN THIS SPACE

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the obligat	tions of registered agent.	urpose of changing its registered	d office or i	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	Agent signaturi	e required when reinstating)	U000000 <b>7</b> 51214
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution	ing 🔲	\$5.00 May Be Added to Fees	01/23/08-80066-009 150.00
10.	OFFICERS AND DIREC	TORS	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARGE, RON 6609 FRANCONIA DR. ORLANDO, FL 32812		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARGE, GWEN 6609 FRANCONIA DR. ORLANDO, FL 32812				
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TITLE NAME STREET ADDRESS CITY-S1-ZIP					Florida Statutes I further certify that the information

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:

TURE AND TYPED OR PRINTED NAME OF SUSTING OFFICER OR DIRECTOR

08 407-851-7695