

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000051771

1. Entity Name

A.R.S.R. COMPANY, INC.



**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90037 014 ***150.00



Principal Place of Business PO BOX 457 NOKOMIS FL 34275	Mailing Address PO BOX 457 NOKOMIS FL 34275
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2. Principal Place of Business - No P.O. Box # <i>677 N. Tamiami Trl</i>	3. Mailing Address <i>PO Box 457</i>
Suite, Apt. #, etc. <i></i>	Suite, Apt. #, etc. <i>NOKOMIS FL</i>

City & State <i>NOKOMIS FL</i>	City & State <i></i>
Zip <i>34275</i>	Country <i>US</i>
Zip <i>34274</i>	Country <i>US</i>

6. Name and Address of Current Registered Agent YANCHEK, JOHN A 1515 RINGLING BLVD SUITE 580 SARASOTA FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i>
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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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Steve Redmon* *Steve Redmon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07 9414849480

Date

Daytime Phone #