


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90377 001 \*\*\*150.00

<b>DOCUMENT # P99000052052</b>	
1. Entity Name <b>ARTHUR ARTHUR INC.</b>	

Principal Place of Business <b>6542 US HWY 41 N STE 205A APOLLO BEACH, FL 33572</b>	Mailing Address <b>6542 US HWY 41 N STE 205A APOLLO BEACH, FL 33572</b>
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2. Principal Place of Business <b>245 S.E. FIRST STREET</b> Suite, Apt. #, etc. <b>212</b>	3. Mailing Address <b>245 S.E. FIRST STREET</b> Suite, Apt. #, etc. <b>212</b>
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33131</b>	Country <b>USA</b>



04132005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3580445</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HEYWORTH-DAVIS, SIMON J 2600 WESTERN PARKWAY ORLANDO, FL 32803</b>	7. Name and Address of New Registered Agent Name <b>JEREMY FOSTER-FELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>206 LOOKOUT DRIVE</b> City <b>APOLLO BEACH FL</b> Zip Code <b>33572</b>
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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  DATE **4/14/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ARTHUR, DIANNA 206 LOOKOUT DRIVE APOLLO BEACH, FL 33572</b> <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	<b>CEO FOSTER FELL, JEREMY 206 LOOKOUT DRIVE APOLLO BEACH, FL 33572</b> <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	<b>CFO HEYWORTH-DAVIS, SIMON J 2600 WESTERN PARKWAY ORLANDO, FL 32803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO HEYWORTH-DAVIS, SIMON J 1836 GRINNELL TERRACE WINTER PARK 32789 FL</b> <input checked="" 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
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

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 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  DATE **4/14/05** DAYTIME PHONE # **305 9955889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR