

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P9900079386 1. Entity Name ARLAK CORP.					
Principal Place of Business 5104 CANTERBURY DRIVE SARASOTA FL 34243			Mailing Address 5104 CANTERBURY DRIVE SARASOTA FL 34243		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 65-0950996	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANTER, ROBERT A 5104 CANTERBURY DRIVE SARASOTA FL 34243				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				9. Election Campaign Financing Trust Fund Contribution. ☐	
SIGNATURE _____ Signature. Insert or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				\$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	D KANTER, ROBERT A 5104 CANTERBURY DRIVE SARASOTA FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000499525 04/24/06-80033-013 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KANTER, BARBARA 5104 CANTERBURY DR SARASOTA FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add

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 807, 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: *Robert A. Kanter* **ROBERT A. KANTER** **4-6-06** **351-6806**