


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90068 002 ***158.75

DOCUMENT # P99000100555	
1. Entity Name ARCO GENERAL SERVICES, INC.	

Principal Place of Business 2904 BRIGADOON DRIVE CLEARWATER, FL 33759	Mailing Address 2904 BRIGADOON DRIVE CLEARWATER, FL 33759
---	---

2. Principal Place of Business 1101 Brigadoon Drive	3. Mailing Address 1101 Brigadoon Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater, FL.	City & State Clearwater, FL.
Zip 33759	Zip 33759
Country USA.	Country USA.



03082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ARIAS, SANDRA 2904 BRIGADOON DRIVE CLEARWATER, FL 33759	
7. Name and Address of New Registered Agent Name: Sandra Arias Street Address (P.O. Box Number is Not Acceptable) 1101 Brigadoon Drive City: Clearwater FL Zip Code: 33759	

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: <i>Sandra Arias</i>	DATE: 04-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST CORRALES, LUIS 2904 BRAGADOON DR. CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1101 Brigadoon Drive Clearwater, FL. 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARIAS, SANDRA 2904 BRIGADOON DR. CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1101 Brigadoon Drive Clearwater, FL. 33759 <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
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, name, or other like empowered.	
SIGNATURE: <i>[Signature]</i>	DATE: 04/12/04 (727) 725-5136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	