2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 08:00 AM Secretary of State

1. Entity Name ARCO GENERAL SERVICES, INC.		
Principal Place of Business – 1101 BRIGADOON DRIVE CLEARWATER, FL 33759 US	Mailing Address 1101 BRIGADOON DRIVE CLEARWATER, FL 33759	US

DO NOT WRITE IN THIS SPACE



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04082005 No Chg-P CR2E034 (10/03)

5. Certificate of Status Desired

4. FEI Number 59-3610033

Not Applicable

\$8.75 Additional
Fee Required

Applied For

	6. Name and Address of Current Regis	tered Agent			
	INDRA BADOON DRIVE ITER, FL 33759		DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the plons of registered agent.	ourpose of changing its registere	d office or registered	agent, or bot	h, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title	applicable (NOTE Registered	Agent signature required who	en reinstating)	DATE
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.		0 May Be to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS GITY - ST - ZIP	PST CORRALES, LUIS 1101 BRIGADOON DRIVE CLEARWATER, FL 33759				H0800820925.1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARIAS, SANDRA 1101 BRIGADOON DRIVE CLEARWATER, FL 33759				000000302851 04/13/05-80087-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				
12. I hereby certify that the information sopplied with this filling 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 supplymental region is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director.					

12. I nereby certify that the information sopplied with this liling does not quality for the exemption stated in Section 19.07(3)(f), Florida Statutes. Further certify that the information indicated on this report as upplier each; that I will am an officer or director of the corporation or the receiver of rusteepen powered 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 appears, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/2005 (727)712-3037

Daylime Phone ⊭