


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000100555</b> 1. Entity Name ARCO GENERAL SERVICES, INC.	
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Principal Place of Business 1101 BRIGADOON DRIVE CLEARWATER, FL 33759 US	Mailing Address 1101 BRIGADOON DRIVE CLEARWATER, FL 33759 US
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3610033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARIAS, SANDRA  
1101 BRIGADOON DRIVE  
CLEARWATER, FL 33759

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ U000000792565  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 01/24/08-80012-013 158.75

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ARIAS, SANDRA 1101 BRIGADOON DRIVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARIAS, SANDRA 1101 BRIGADOON DRIVE CLEARWATER, FL 33759
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Sandra Arias 01-15-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #