

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 031 ***150.00

DOCUMENT # P99000111598					
1. Entity Name ARN-PAR, INC.					
Principal Place of Business 8 BROADWAY STE B KISSIMMEE, FL 34741			Mailing Address 8 BROADWAY STE B KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 202 BROADWAY		3. Mailing Address 202 BROADWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KISSIMMEE FLORIDA		City & State KISSIMMEE, FLORIDA		4. FEI Number 58-2515097	
Zip 34741		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARSONS, RAY C 8 BROADWAY STE 218 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name: RAY PARSONS Street Address (P.O. Box Number is Not Acceptable): 202 BROADWAY City: KISSIMMEE FL 34741			
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: 4.17.08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D PARSONS, RAY C 8 BROADWAY, STE 218 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 BROADWAY KISSIMMEE FL 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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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 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:  DATE: 4.17.08					