

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90033 037 \*\*\*150.00

**DOCUMENT # S66007**

1. Entity Name

ESCAROSA INC.



Principal Place of Business

1176 HIGHWAY 95-A NORTH  
CANTONMENT FL 32533

Mailing Address

1176 HIGHWAY 95-A NORTH  
CANTONMENT FL 32533

2. Principal Place of Business

3. Mailing Address

1974 Virecent Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Cantonment, Florida

Zip

Country

Zip

32533

Country

Escambia

4. FEI Number

59-3075903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNETTE, LESLIE DEWAYNE  
1974 VIRECENT ROAD  
CANTONMENT FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete  
NAME ARNETTE, LESLIE D.  
STREET ADDRESS 1974 VIRECENT ROAD  
CITY-ST-ZIP CANTONMENT FL

TITLE DPS ☐ Delete  
NAME ARNETTE, SHEILA C.  
STREET ADDRESS 1974 VIRECENT ROAD  
CITY-ST-ZIP CANTONMENT FL

TITLE DV ☐ Delete  
NAME ARNETTE, B. RHETT  
STREET ADDRESS 3728 CORNERBROOK DR  
CITY-ST-ZIP PACE FL 32571

TITLE DV ☐ Delete  
NAME ARNETTE, L. CHASE  
STREET ADDRESS 1176 HIGHWAY 95-A NORTH  
CITY-ST-ZIP CANTONMENT FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1095 Virecent Road  
CITY-ST-ZIP Cantonment, FL 32533

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Feb 06 850-968-9362

Date

Daytime Phone #