

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 29, 2008
Secretary of State**

DOCUMENT# P07000038352

Entity Name: AARK ENTERPRISES, INC.

Current Principal Place of Business:3429 ACY ROAD
VERNON, FL 32462**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 510
VERNON, FL 32462**New Mailing Address:**

FEI Number: 20-8720974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:RODGERS, ALTON A JR.
3429 ACY ROAD
VERNON, FL 32462 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES () Delete
Name: RODGERS, KATHY M MRS
Address: 3429 ACY RD
City-St-Zip: VERNON, FL 32462Title: VP () Delete
Name: RODGERS JR, ALTON A MR
Address: 3429 ACY RD.
City-St-Zip: VERNON, FL 32462Title: VP () Delete
Name: RODGERS SR, ALTON M MR
Address: 8051 CR 283
City-St-Zip: EDNA, TX 77957Title: VP (X) Delete
Name: LEE, DANIEL C MR
Address: 3429-A ACY RD
City-St-Zip: VERNON, FL 32462Title: TREA (X) Delete
Name: RODGERS III, ALTON A MR
Address: 3429 ACY RD
City-St-Zip: VERNON, FL 32462Title: SEC (X) Delete
Name: RODGERS, JESSICA M MISS
Address: 3429 ACY RD.
City-St-Zip: VERNON, FL 32462**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TREA (X) Change () Addition
Name: RODGERS III, ALTON M MR
Address: 3429 ACY RD.
City-St-Zip: VERNON, FL 32462Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY M RODGERS

PRES

08/29/2008

Electronic Signature of Signing Officer or Director

Date