


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000058680	
1. Entity Name S & A OF ARCADIA, INC.	

Principal Place of Business 23181 AJAX AVE PORT CHARLOTTE, FL 33952	Mailing Address 23181 AJAX AVE PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0688200	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

AKERS, VICTOR
23181 AJAX AVE
PORT CHARLOTTE, FL 33952

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKERS, VICTOR 900 HICKPOOCHEE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERS, DEBRA 900 HICKPOOCHEE LABELLE, FL 33935
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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: Victor Akers - Victor Akers 3-23-07 863-494-2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #