


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**23181 AJAX AVE**                      **23181 AJAX AVE**  
**PORT CHARLOTTE, FL 33952**      **PORT CHARLOTTE, FL 33952**

**DO NOT WRITE IN THIS SPACE**



03072008      No Chg-P      CR2E034 (11/05)

4. FEI Number  
**65-0688200**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AKERS, VICTOR**  
**23181 AJAX AVE**  
**PORT CHARLOTTE, FL 33952**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000860720  
 04/02/08-80074-022 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 3-10-08**      **863-494-2717**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #