2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 474702

1. Entity Name
ARNGLO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
719 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408	719 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1593666
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, ARNOLD
4599 JUNIPER LANE
PALM BEACH GARDENS, FL 33410

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 _____ 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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JACOBSON, ARNOLD
STREET ADDRESS	4599 JUNIPER LANE
CITY-ST-ZIP	PALM BCH GARDENS, FL
TITLE	D
NAME	JACOBSON, GLORIA
STREET ADDRESS	4599 JUNIPER LANE
CITY-ST-ZIP	PALM BCH GARDENS, FL
TITLE	VP
NAME	JACOBSON, JERROLD
STREET ADDRESS	863 SW MCCOMB AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000215235
03/24/05-80042-021 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: VP JERROLD JACOBSON V.P 3-22-05 561 841-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #