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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 10 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000008204

1. Entity Name
JL ARNOLD ENGINERING, INC.
E please correct spelling

Principal Place of Business	Mailing Address
166 17TH AVENUE NE. ST. PETERSBURG, FL 33704	166 17TH AVENUE NE. ST. PETERSBURG, FL 33704

03242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		PO Box 179	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: St. Petersburg, FL	
Zip	Country	Zip: 33731-0179	Country: Pinellas

4. FEI Number: 11-3711364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, JEFFREY
166 17TH AVENUE NE.
ST. PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

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] 4/12/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARNOLD, JEFFREY		NAME		
STREET ADDRESS	166 17TH AVENUE NE.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

5/17

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: [signature] 4/12/05 727.409.9359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #