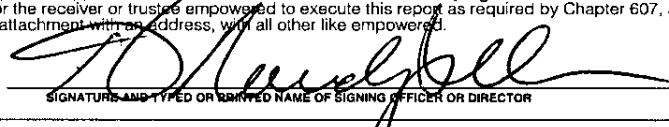


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90011 035 ***150.00

DOCUMENT # 116877 1. Entity Name THE ARDEN COMPANY					
Principal Place of Business H R KLEIN 333 N. W. 3RD AVE. OCALA, FL 34475 US			Mailing Address H R KLEIN 333 N. W. 3RD AVE. OCALA, FL 34475 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KLEIN, H. RANDOLPH 333 N. W. 3RD AVE. OCALA, FL 34475				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	STD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	VINES, NORMA PHYLLIS		NAME		
STREET ADDRESS	5999 MONKLAND AVE APT606		STREET ADDRESS		
CITY-ST-ZIP	MOTREAL QB, CA		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LAMPL, JACK W III		NAME		
STREET ADDRESS	998 WOODGROVE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARDIFF BY THE SEA, CA 92007		CITY-ST-ZIP		
TITLE	VD ☒ Delete		TITLE	☒ Change ☐ Addition	
NAME	KLEIN, HARVEY R.		NAME	KLEIN H. Randolph	
STREET ADDRESS	333 N.W. 3RD AVE.		STREET ADDRESS	333 NW 3 Avenue	
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP	Ocala, FL 34475	
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		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Feb. 27 2004 (352) 732-7750		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		