## 2007 FOR PROFIT CORPORATION ANNUAL REPORT.

## **DOCUMENT # 116877**

1. Entity Name THE ARDEN COMPANY



Principal Place of Business

H R KLEIN 333 N. W. 3RD AVE. OCALA, FL 34475

Mailing Address

H R KLEIN

333 N. W. 3RD AVE. OCALA, FL 34475

**FILED** Feb 14, 2007 08:00 AM Secretary of State



DO	NOT	WRITE	IN TH	IS	SPA	CE
		T V E L I I I I I I I I I I I I I I I I I I				

01092007 No Chg-P		CR2E034 (11/05)			
4. FEI Number	r		Applied For		
59-0146	3240		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

KLEIN, H. RANDOLPH 333 N. W. 3RD AVE. OCALA, FL 34475

## DO NOT WRITE IN THIS SPACE

			A. 19	4	
	e named entity submits this statement for the p itions of registered agent.	urpose of changing its register	red office or registered agen	it, or both, in the State of Florida. I am fi	amiliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	(ANTE BARRA	ed Agent signature required when reinst	tating) DATE	
	Signature, typed or printed name of registered agent and title i	Tappicable. (NOTE: Hegisteri	ed Agent signalure required when reinst	taing) DATE	
	LE NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>			
10.	OFFICERS AND DIREC	TORS			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VINES, NORMA PHYLLIS 6800 MACDONALD AVENUE APT 15 COTE ST. LUC QUEBEC, h3x 3z2	04			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPL, JACK W III 998 WOODGROVE DRIVE CARDIFF BY THE SEA, CA 92007			U0000063\$16 02/23/07-80003	55 3-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLEIN, RANDOLPH H 333 NW 3 AVENUE OCALA, FL 34475			OO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	***	N THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				with the second	

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 is 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

NAME STREET ADDRESS CITY-ST-ZIP