## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT (AR)** OTHE STOP DOCUMENT # 120969



Entity Name     ARLINGTON CORPORATION						02-12-2008 90021 010 ***150.00			
Principal Plac	e of Busines	3	Mailing Address		<u> </u>	1,			
6156 OLD KINGS ROAD NORTH JACKSONVILLE FL <del>92203</del> <b>3コ</b> マらり			6156 OLD KINGS ROAD NORTH JACKSONVILLE FL 22205 US						
2. Principal F	Place of Busin	ess - No P.C. Box #	3. Mailing Address			1154		**** 21811 BIBIT B****	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			15	t MOORE CR2E0	34 (10/07)	
City & State			City & State		4. FEI Numb	<sup>per</sup> 59-0816617		pplied For ot Applicable	
Zip Country		Zip	·		5. Certificate of Status Desired				
	6. Name	and Address of Curren	t Registered Agent			7. Name and	d Address of New Registere	ed Agent	
PITTMAN, NATALIE P					Nanie				
615	6 OLD KI KSONVIL	NGS RD., N.	Street Addr		Street Address (	s (P.O. Box Number is Not Acceptable)			
JAC	KSONVIL	LE FL 32254			ę.				
						·	· F	Zip Cod	le
8. The above	named entity	r submits this statement t	for the purpose of changing i	ts registere	l	red agent or co	oth, in the State of Florida. Ta		and accept
the obligat	tions of regist	ered agent.	or any purpose of origing ,	to register	od omed or reigiator	i agent, or ec		zici idililildi vviti.	and accept
SIGNATURE .							•	••	
SIGNATONE.	Signature, typed	epinted name of registered name	t and the Tappicacio. (NC	OTE Registered	o Agord signistare required	when reinstating)	DAT	E	
After May 1; 2008 Fee Will Be \$550.00  Make Check Payable to Florida Department of State						1	9. Election Campaign Fina		<b>00</b> May Be
Make Checi	k Payable to	Florida Department	of State			.T. n	Trust Fund Centribution	- 🗌 Adde	ed to Fees
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days Departure of the corporation of 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

Days Departure 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 attackment with an address, with all other like empowered.

SIGNATURE:

Days Departure or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: I further certify that the information indicated on this report of the corporation of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the recei