

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 277226**

1. Entity Name  
**ARNOLD - BRYANT, INC.**

Principal Place of Business  
**5725 CORPORATE WAY  
SUITE 205  
WEST PALM BEACH, FL 33407**

Mailing Address  
**5725 CORPORATE WAY  
SUITE 205  
WEST PALM BEACH, FL 33407 US**



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1160935</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FRANKLIN, CHRISTOPHER  
5725 CORPORATE WAY, SUITE 205  
WEST PALM BEACH, FL 33407**

**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000073254  
03/02/04-80029-003 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HEALY, JOHN M
STREET ADDRESS	164 SAGE CIRCLE
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	D
NAME	SPIVEY, V STEVE
STREET ADDRESS	32 PINE HILL TRAIL WEST
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	DPST
NAME	FRANKLIN, CHRISTOPHER G
STREET ADDRESS	110 RADCLIFFE CT.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

561-687-1090

Daytime Phone #