

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90002 040 ***150.00

DOCUMENT # 316363

1. Entity Name

WARREN G. ARNETT INC.



Principal Place of Business

C/O MR. WARREN G. ARNETT
745 N. THORNTON AVE.
ORLANDO FL 32803

Mailing Address

C/O MR. WARREN G. ARNETT
745 N. THORNTON AVE.
ORLANDO FL 32803

2. Principal Place of Business

745 N. Thornton Ave.

Suite, Apt. #, etc.

Orlando, FL 32803

City & State

3. Mailing Address

745 N. Thornton Ave.

Suite, Apt. #, etc.

Orlando, FL 32803

City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1162860

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, RICHARD E
55 E. PINE STREET
ORLANDO FL 32801

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVTD
NAME ARNETT, HOWARD M
STREET ADDRESS 745 N. THORNTON AVE.
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE SD
NAME BATES, MARY
STREET ADDRESS 745 N. THORNTON AVE.
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE D
NAME ARNETT, WARREN G
STREET ADDRESS 745 N. THORNTON AVE.
CITY-ST-ZIP ORLANDO FL 32803 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Howard M. Arnett, President

Pres.

3/15/05

407-896-8031