

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 323269**

1. Entity Name  
**ARLINGTON MANAGEMENT CORPORATION**



Principal Place of Business  
**2925 SANLAN RANCH DRIVE  
LAKELAND, FL 33813**

Mailing Address  
**2925 SANLAN RANCH DRIVE  
LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1197349**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

**HOLLOWAY JR, E EDWARD  
2925 SANLAN RANCH DRIVE  
LAKELAND, FL 33813-1226**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOORE, JOHN C
STREET ADDRESS	2020 EDGEWOOD DRIVE S
CITY-ST-ZIP	LAKELAND, FL
TITLE	TD
NAME	HOLLOWAY JR E EDWARD
STREET ADDRESS	2925 SANLAN RANCH DRIVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	HEATH, AUDREY
STREET ADDRESS	2134 REANEY ROAD
CITY-ST-ZIP	LAKELAND, FL
TITLE	SD
NAME	DANIELS, CHIP
STREET ADDRESS	2225 E EDGEWOOD DR SUITE 1
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80018-015 150.00

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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:**

*E. Edward Holloway Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/05*  
Date

*863-665-1601*  
Daytime Phone \*