

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 546341

Entity Name: ARNONE INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

1 S.E. 4TH STREET
LEE'S SUMMIT, MO 64063

New Principal Place of Business:

Current Mailing Address:

1 S.E. 4TH STREET
LEE'S SUMMIT, MO 64063

New Mailing Address:

FEI Number: 59-1756911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNONE, CHARLES V.
10615 SE MEHL AVE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARNONE, CHARLES VINCENT
Address: 10615 SE MEHL AVE
City-St-Zip: ARCADIA, FL 34266

Title: ST () Delete
Name: ZIDZIUNAS, EILEEN
Address: 10615 SE MEHL AVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: ADAMS, THOMAS W
Address: 823-A N.E. MULBERRY STREET
City-St-Zip: LEE'S SUMMIT, MO 64063

Title: D () Delete
Name: MCWHIRT, JAMES L
Address: 300 SW 4TH STREET
City-St-Zip: LEE'S SUMMIT, MO 64063 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: COMER, SARA
Address: 404 NW COTTONWOOD
City-St-Zip: LEE'S SUMMIT, MO 64064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ARNONE, ANTHONY M
Address: 304 SE 5TH STREET
City-St-Zip: LEE'S SUMMIT, MO 64063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES V. ARNONE

P

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date