

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90111 034 \*\*\*150.00

**DOCUMENT # 648321**

1. Entity Name  
**ARNOLD H. SLOTT, P.A.**



Principal Place of Business

**334 EAST DUVAL STREET  
JACKSONVILLE, FL 32202**

Mailing Address

**334 EAST DUVAL STREET  
JACKSONVILLE, FL 32202**

**40056841**



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1956298**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SLOTT, ARNOLD H.  
334 EAST DUVAL STREET  
JACKSONVILLE, FL 32202**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PST  
SLOTT, ARNOLD H.  
2862 SPANISH COVE TR.  
JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 exemptions contained 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 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

**ARNOLD H. SLOTT**

Date

Daytime Phone #

**4/18/06 904-353-0033**

ATTACHMENT 40056841  
#648321

**SLOTT, BARKER & NUSSBAUM**

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

334 EAST DUVAL STREET  
JACKSONVILLE, FLORIDA 32202  
TELEPHONE (904) 353-0033  
TELECOPIER (904) 355-4148

ARNOLD H. SLOTT, P.A.\*  
E-mail: ahsloott@bellsouth.net

EARL M. BARKER, JR., P.A.  
E-mail: embarker@bellsouth.net

WILLIAM NUSSBAUM, P.A.\*\*  
E-mail: nusslaw3@bellsouth.net

\* CERTIFIED CIRCUIT CIVIL MEDIATOR  
\*\* BOARD CERTIFIED REAL ESTATE LAWYER

April 19, 2006

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Arnold H. Slott, P.A.  
Document # 648321

Ladies and Gentlemen:

I enclose the following:

- (a) Original signed 2006 Annual Report;
- (b) Arnold H. Slott, P.A.'s check no. 8552, payable to the Florida Department of State in the amount of \$150.00 to cover your fee for filing the annual report.

If you have any questions, please contact our office.

Very truly yours,

*Carol-Anne Hallam*

Carol-Anne Hallam, CLA  
Certified Legal Assistant

:cah  
Enclosures