2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 08:00 AM DOCUMENT # F00000000252 **Secretary of State** 1. Entity Name ARNOLD SALES COMPANY, INC. Principal Place of Business Mailing Address 55 PARADISE LANE 55 PARADISE LANE BAY SHORE NY 11706 BAY SHORE NY 11706 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 11-3519169 Not Applicable Zup Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition PD TITLE Delete TITLE ☐ Change PRINCE, GARY MAME NAME STREET ADDRESS 55 PARADISE LANE STREET ADDRESS BAY SHORE NY 11706 CITY-ST-ZIP CITY-ST-ZIP UDDDDD38938 VD 02/06/04-80157-022-155900 - Addition ☐ Delete TITLE PETERSEN, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 55 PARADISE LANE BAY SHORE NY 11706 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME SELIGMAN, SHELLY NAME STREET ADDRESS STREET ADDRESS 55 PARADISE LANE CHY-ST-ZIP BAY SHORE NY 11706 CITY-ST-ZIP TEELE Delete TiTi F ☐ Change ☐ Addition LACCHIN, LOUISE MAME NAME 55 PARADISE LANE STREET ADDRESS STREET ADDRESS BAY SHORE NY 11706 CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE LEE, RICK NAME HAME 55 PARADISE LANE STREET ADDRESS STREET ADDRESS BAY SHORE NY 11706 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE GREEN, STEWART NAME NAME 55 PARADISE LANE STREET ADDRESS STREET ADDRESS BAY SHORE NY 11706 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/0

Daytime Phone #

FILED