

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90037 030 ***150.00

DOCUMENT # F06000006376

1. Entity Name

ARLINGTON CONSTRUCTION & CONTRACTING, INC.



Principal Place of Business

21613 WIDGEON TERRACE
FT. MYERS BEACH FL 33931

Mailing Address

21613 WIDGEON TERRACE
FT. MYERS BEACH FL 33931



2. Principal Place of Business - No P.O. Box #

21613 Widgeon Terr.
Suite, Apt. #, etc.

3. Mailing Address

21613 Widgeon Terr.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Fort Myers Beach

City & State

Fort Myers Beach

4. FEI Number

56-2610518

Applied For

Not Applicable

Zip

33931

Country

LEE

Zip

33931

Country

LEE

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFORD, KENNETH M JR.
21613 WIDGEON TERRACE
FT. MYERS BEACH FL 33931

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, 2007 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	D	<input type="checkbox"/> Delete
NAME	ALFORD, KENNETH M JR.	
STREET ADDRESS	21613 WIDGEON TERRACE	
CITY - ST - ZIP	FT. MYERS BEACH FL 33931	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALFORD, COLLEEN T	
STREET ADDRESS	21613 WIDGEON TERRACE	
CITY - ST - ZIP	FT. MYERS BEACH FL 33931	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALFORD, SEAN M	
STREET ADDRESS	21613 WIDGEON TERRACE	
CITY - ST - ZIP	FT. MYERS BEACH FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kenneth Alford Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth Alford Jr. 4-27-07 920-209-2101