

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**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**



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2610518**

Applied For  
Not Applicable

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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000914142  
05/08/08-80044-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **ALFORD, KENNETH M JR.**  
STREET ADDRESS **21613 WIDGEON TERRACE**  
CITY-ST-ZIP **FT. MYERS BEACH, FL 33931**

TITLE **V**  
NAME **ALFORD, COLLEEN T**  
STREET ADDRESS **21613 WIDGEON TERRACE**  
CITY-ST-ZIP **FT. MYERS BEACH, FL 33931**

TITLE **S**  
NAME **ALFORD, SEAN M**  
STREET ADDRESS **21613 WIDGEON TERRACE**  
CITY-ST-ZIP **FT. MYERS BEACH, FL 33931**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

Date

Daytime Phone #

**4-18-08 920-209-2101**