

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88633

FILED
Apr 26, 2007
Secretary of State

Entity Name: LEE ARNOLD & ASSOCIATES, INC.

Current Principal Place of Business:

17757 US 19 NORTH
STE 275
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

17757 US 19 NORTH
STE 275
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-2199808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, LEE E
17757 US HWY 19 N.
SUITE 275
CLEARWATER, FL 33764 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: ST () Delete
Name: ARNOLD, LEE E JR
Address: 17757 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: P () Delete
Name: DUFFY, JOHN P
Address: 17757 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: P () Delete
Name: SPARKS, RONNIE
Address: 4350 WEST CYPRESS ST, SUITE 300
City-St-Zip: TAMPA, FL 33607

Title: VP () Delete
Name: SAMPSON, RUSSELL
Address: 4350 WEST CYPRESS ST, SUITE 300
City-St-Zip: TAMPA, FL 33607

Title: VP () Delete
Name: ROSENTHAL, HOWARD
Address: 17757 US 19 NORTH, SUITE 275
City-St-Zip: CLEARWATER, FL 33764

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP () Change (X) Addition
Name: SAMPSON, RUSSELL
Address: 4350 WEST CYPRESS ST. SUITE 300
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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: LEE ARNOLD

ST

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date