

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 21, 2008
Secretary of State**

DOCUMENT# F88633

Entity Name: LEE ARNOLD & ASSOCIATES, INC.

Current Principal Place of Business:

311 PARK PLACE BLVD
SUITE 600
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

311 PARK PLACE BLVD
SUITE 600
CLEARWATER, FL 33759

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
311 PARK PLACE BLVD
SUITE 600
CLEARWATER, FL 33759 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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: ARNOLD, LEE E JR
Address: 311 PARK PLACE BVLVD., SUITE 600
City-St-Zip: CLEARWATER, FL 33759

Title: P () Delete
Name: DUFFY, JOHN P
Address: 311 PARK PLACE BVLVD., SUITE 600
City-St-Zip: CLEARWATER, FL 33759

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: 311 PARK PLACE BVLVD., SUITE 600
City-St-Zip: CLEARWATER, FL 33759

Title: VP () Delete
Name: SULLIVAN, MATT
Address: 622 E. WASHINGTON ST. SUITE 300
City-St-Zip: ORLANDO, FL 32801

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: VP (X) Change () Addition
Name: LAMB, KIMBERLY
Address: 311 PARK PLACE BVLVD., SUITE 600
City-St-Zip: CLEARWATER, FL 33759

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL DELP

VP

08/21/2008

Electronic Signature of Signing Officer or Director

_____ Date