

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 03, 2009  
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 (X)

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

Title: ST ( ) Delete  
Name: LAMB, KIMBERLY  
Address: 311 PARK PLACE BLVD., SUITE 600  
City-St-Zip: CLEARWATER, FL 33759

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

Title: SVP ( ) Delete  
Name: GERLACH, JOHN  
Address: 311 PARK PLACE BLVD., SUITE 600  
City-St-Zip: CLEARWATER, FL 33759

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

Title: SVP ( ) Delete  
Name: MORRIS, SUSAN  
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: SVP (X) Change ( ) Addition  
Name: DUNPHY, JOHN  
Address: 311 PARK PLACE BLVD., SUITE 600  
City-St-Zip: CLEARWATER, FL 33759

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

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

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: LEE E. ARNOLD JR

P

11/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date