

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000155

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ARNOLD INVESTMENTS LIMITED, INC.

## Current Principal Place of Business:

% THOMAS C. ROBERGE  
ONE BEACH DR SE, SUITE 220  
ST PETERSBURG, FL 33701

## New Principal Place of Business:

ONE BEACH DR SE, SUITE 220  
ST PETERSBURG, FL 33701

## Current Mailing Address:

% THOMAS C. ROBERGE  
ONE BEACH DR SE, SUITE 220  
ST PETERSBURG, FL 33701

## New Mailing Address:

ONE BEACH DR SE, SUITE 220  
ST PETERSBURG, FL 33701

FEI Number: 98-0179473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POSKUS, SUSAN I CPA  
ONE BEACH DR SE, SUITE 220  
ST PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

DOERR, CAROL CPA  
ONE BEACH DR SE, SUITE 220  
ST PETERSBURG, FL 33701 US

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: CAROL DOERR, CPA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VC ( ) Delete  
Name: GOLDSBURY, ANTHONY M.D.  
Address: C/O ONE BEACH DR SE STE 220  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D ( ) Delete  
Name: VALENTINE, JOE  
Address: C/O ONE BEACH DR SE STE 220  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: S ( ) Delete  
Name: O'BRIEN, MAEVE  
Address: C/O ONE BEACH DR SE STE 220  
City-St-Zip: ST. PETERSBURG, FL 33701 US

## 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:

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: CAROL DOERR, CPA

CPA

04/30/2009

Electronic Signature of Signing Officer or Director

Date