


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # G15643 1. Entity Name ARNETTE ENTERPRISES, INC.	
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Principal Place of Business 1176 HWY 95-A NORTH CANTONMENT, FL 32533 US	Mailing Address 1176 HIGHWAY 95-A NORTH CANTONMENT, FL 32533
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05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2238699	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARNETTE, LESLIE D. 1176 HIGHWAY 95-A NORTH CANTONMENT, FL 32533

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARNETTE, LESLIE D 1176 HIGHWAY 95-A NORTH CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETTE, B. RHETT 1176 HIGHWAY 95-A NORTH CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ARNETTE SHEILA C 1176 HIGHWAY 95-A NORTH CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETTE, LESLIE CHASE 1176 HIGHWAY 95-A NORTH CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/04-80062-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sheila C. Arnette May 3, 04 850-968-9362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #