

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G15643

FILED  
Mar 01, 2007  
Secretary of State

Entity Name: ARNETTE ENTERPRISES, INC.

## Current Principal Place of Business:

1176 HWY 95-A NORTH  
CANTONMENT, FL 32533 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 922  
CANTONMENT, FL 32533

## New Mailing Address:

FEI Number: 59-2238699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARNETTE, LESLIE D.  
1176 HIGHWAY 95-A NORTH  
CANTONMENT, FL 32533 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: DT ( ) Delete  
Name: ARNETTE, LESLIE D.  
Address: 1974 VIRECENT RD  
City-St-Zip: CANTONMENT, FL 32533

Title: DV ( ) Delete  
Name: ARNETTE, B. RHETT,  
Address: 3728 CORNERBROOK DR  
City-St-Zip: PACE, FL 32571

Title: DPS ( ) Delete  
Name: ARNETTE SHEILA C,  
Address: 1974 VIRECENT RD  
City-St-Zip: CANTONMENT, FL 32533

Title: DV ( ) Delete  
Name: ARNETTE, LESLIE CHAS, E  
Address: 1095 VIRECENT RD  
City-St-Zip: CANTONMENT, FL 32533

## 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:

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: SHEILA C. ARNETTE

DPS

03/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date