2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G19005

1. Entity Name
ARLINE AND COMPANY, INC.

Principal Place of Business	Mailing Address
500 S.E. FT. KING ST. OCALA, FL 34471 US	500 S.E. FT. KING ST. OCALA, FL 34471 US

DO NOT WRITE IN THIS SPACE

02172005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2256465	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

ARLINE, JOHN W.
500 S.E. FT. KING STREET
OCALA, FL 34471

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 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	UND000264584 03/16/05~80022-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARLINE, JOHN W.
STREET ADDRESS	500 S.E. FT. KING
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:✓ _____   John W. Arline   3/15/05 (352)351-8460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #