


**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90035 023 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # G19005</b> 1. Entity Name ARLINE AND COMPANY, INC.	
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Principal Place of Business 500 S.E. FT. KING ST. OCALA, FL 34471 US	Mailing Address 500 S.E. FT. KING ST. OCALA, FL 34471 US
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**DO NOT WRITE IN THIS SPACE**

40045554



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2256465	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  ARLINE, JOHN W. 500 S.E. FT. KING STREET OCALA, FL 34471
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARLINE, JOHN W. 500 S.E. FT. KING OCALA, FL 34471
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:  02/18/08 352/351-8460

SIGNATURE VERIFIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone # X222