2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H92787

1. Entity Name
ARNOLD BUSINESS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1210 E KINGSFIELD RD CANTONMENT, FL 32533	1011 JACKS BRANCH RD CANTONMENT, FL 32533 US

DO NOT WRITE IN THIS SPACE

01132004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2635003		Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD, CHARLES E JR
1011 JACKS BRANCH RD
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ARNOLD, HILDA J
STREET ADDRESS	1011 JACKS BRANCH RD
CITY-ST-ZIP	CANTONMENT, FL
TITLE	DPV
NAME	ARNOLD, CHARLES E., JR.
STREET ADDRESS	1011 JACKS BRANCH RD
CITY-ST-ZIP	CANTONMENT, FL
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: _Hilda Arnold_   Hilda Arnold   850-968-4174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #