

ANNUAL REPORT

DOCUMENT # H92787

1. Entity Name
ARNOLD BUSINESS ENTERPRISES, INC.



FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90300 030 ***150.00

Principal Place of Business
1210 E KINGSFIELD RD
CANTONMENT, FL 32533

Mailing Address
1011 JACKS BRANCH RD
CANTONMENT, FL 32533 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2635003

Applied For

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ARNOLD, HILDA J
1011 JACKS BRANCH RD
CANTONMENT, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
ARNOLD, CHARLES E., JR.
1011 JACKS BRANCH RD
CANTONMENT, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADD ZIP ☐ Change ☐ Addition
32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADD ZIP ☐ Change ☐ Addition
32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Charles E. Arnold Jr

CHARLES E. ARNOLD JR

4-12-2005

SIGNATURE AND TYPE OF POSITION OF REGISTERED AGENT OR SECRETARY

Date

Signature Block 8