

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H92787**

1. Entity Name  
**ARNOLD BUSINESS ENTERPRISES, INC.**



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

Mailing Address  
**1011 JACKS BRANCH RD  
CANTONMENT, FL 32533 US**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2635003</b>	Applied For <input type="checkbox"/> Not Applicable
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 32533
TITLE	DPV
NAME	ARNOLD, CHARLES E., JR.
STREET ADDRESS	1011 JACKS BRANCH RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80166-005 150.00

**DO NOT WRITE  
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 all other like empowered.

**SIGNATURE:** *Charles F. Arnold Jr.* **CHARLES F. ARNOLD JR.** *4-11-07* **850-968-6179**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #