2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # J04846

1. Entity Name
CAROLYN H. ARNETT, INC.

Principal Place of Business	Mailing Address
7860 BROKEN ARROW TRAIL WINTER PARK, FL 32792	7860 BROKEN ARROW TRAIL WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1545023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARNETT, CAROLYN H.
7860 BROKEN ARROW TRAIL
WINTER PARK, FL 32792

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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 _____ DATE
Signature of typed or printed name of registered agent and date required. (NOTE: Registered Agent's signature required for filing)

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

U00000122830
04/21/04-80045-004 300.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ARNETT, CAROLYN H.
STREET ADDRESS	7860 BROKEN ARROW TRAIL
CITY-ST-ZIP	WINTER PARK, FL
TITLE	S
NAME	ARNETT, TERESA R.
STREET ADDRESS	7860 BROKEN ARROW TR
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: C. N Arnett C.N Arnett 4-5-04 407-277-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #