

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 APR 26 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192005 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 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

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400054214474
05/10/05--01060--004 **350.00

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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: Carolyn H. Arnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #