

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J04846

1. Entity Name  
CAROLYN H. ARNETT, INC.



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

Mailing Address  
7860 BROKEN ARROW TRAIL  
WINTER PARK, FL 32792

FILED

07 APR 18 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04052007 No Chg-P CR2E034 (11/05)

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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 \_\_\_\_\_  
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, 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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800098563708  
04/25/07--01022--006 \*\*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 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: Carolyn H Arnett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-07 407 277-3343