


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90008 012 \*\*\*150.00

<b>DOCUMENT # J11421</b> 1. Entity Name <b>ARNOLD AGENCY, INC.</b>	
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Principal Place of Business <b>4127 CHURCHWELL JACKSONVILLE, FL 32210</b>	Mailing Address <b>4127 CHURCHWELL JACKSONVILLE, FL 32210</b>
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**54015289**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2960900</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ARNOLD, LARUE S. 4127 CHURCHWELL RD JACKSONVILLE, FL 00000-2210</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, GAMBLE 4127 CHURCHWELL RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARNOLD, LARUE S. 4127 CHURCHWELL RD JACKSONVILLE, FL
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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: *Larue S. Arnold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LARUE S. ARNOLD**

**3/1/04**  
Date  
**904 309-6809**  
Daytime Phone #