
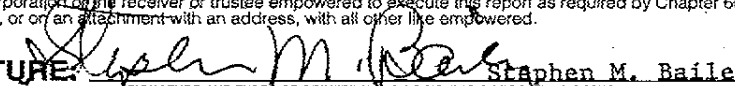


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L50389 1. Entity Name ARNOLA, INC.		
Principal Place of Business 301 W. CAMINO GRDNS BLVD SUITE 101 BOCA RATON, FL 33432 US		Mailing Address 301 W. CAMINO GRDNS BLVD SUITE 101 BOCA RATON, FL 33432 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEMPSEY, W. GLENN 505 S FLAGLER DR SUITE 1330 WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BAILEY, STEPHEN M. 301 W. CAMINO GARDENS BLVD, #101 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BAILEY, GARY S. 301 W. CAMINO GARDENS BLVD, #101 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Stephen M. Bailey 16 Jan 04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0172043

Applied For
Not Applicable

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

U000000010928
01/23/04-80017-021 150.00

**DO NOT WRITE
IN THIS SPACE**