


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L63435</b>		
1. Entity Name ARNMC, INC.		
Principal Place of Business % ARNOLD L. MCDONALD 21234 OLEAN BLVD. UNIT 8 PORT CHARLOTTE, FL 33952	Mailing Address % ARNOLD L. MCDONALD 21234 OLEAN BLVD. UNIT 8 PORT CHARLOTTE, FL 33952	



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0183498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  MCDONALD, ARNOLD L. 21234 OLEAN BLVD. UNIT 8 PORT CHARLOTTE, FL 33952	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<p>U00000176656 01/11/05-80005-019 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, ARNOLD L. 21234 OLEAN BLVD. #8 PORT CHARLOTTE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, MARY K. 21234 OLEAN BLVD. #8 PORT CHARLOTTE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDONALD, BARRY L. 21234 OCEAN BLVD #8 PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, GARRY A. 21234 OCEAN BLVD #8 PORT CHARLOTTE, FL 33952	
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:**  **ARNOLD L. MCDONALD** 1/5/05 941 629-3700  
Signature and typed or printed name of signing officer or director Date Daytime Phone #