

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90027 007 \*\*\*558.75

**DOCUMENT # L81535**

1. Entity Name  
ARLINGTON COUNTRY DAY SCHOOL II, INC.



Principal Place of Business  
5725 FT. CAROLINE ROAD  
JACKSONVILLE, FL 32277 US

Mailing Address  
5725 FT. CAROLINE ROAD  
JACKSONVILLE, FL 32277 US

50023094



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3012909

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LICHTWARD, ~~FRED~~ *DEBORAH*  
C/O ARLINGTON COUNTY DAY SCHOOL  
5725 FT. CAROLINE ROAD  
JACKSONVILLE, FL 32277

**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 *Fred Lichtward, President* 7/05/06  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<i>VP 50%</i>
NAME	LICHTWARD, DEBORAH A
STREET ADDRESS	5725 FT. CAROLINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	<del>VP</del>
NAME	<del>LICHTWARD, FRED</del>
STREET ADDRESS	<del>5725 FT. CAROLINE RD</del>
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32277</del>
TITLE	<i>CHIEF FINANCIAL OFFICER</i>
NAME	<i>LICHTWARD, Deborah A.</i>
STREET ADDRESS	<i>5725 Ft Caroline Rd</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32277</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<i>Pres. 50%</i>
NAME	<i>Lichtward, Fred H.</i>
STREET ADDRESS	<i>5725 Ft Caroline Rd</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32277</i>
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 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: *Fred Lichtward, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/05/06 Daytime Phone # 904-744-0466