

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 DEC 20 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12182006 Chg-P CR2E034 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 5725 Ft. Caroline Rd. Suite, Apt. #, etc.		3. Mailing Address 2428 Marble Dr. Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32277	Country USA	Zip 32211	Country USA
4. FEI Number 59-3012909		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LICHTWARD, FRED C/O ARLINGTON COUNTY DAY SCHOOL 5725 FT. CAROLINE ROAD JACKSONVILLE, FL 32277		7. Name and Address of New Registered Agent Name Fred Lichtward Street Address (P.O. Box Number is Not Acceptable) 2428 Marble Dr. City Jacksonville FL Zip Code 32211	
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 <i>Fred Lichtward</i>		DATE 12/18/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LICHTWARD, DEBORAH A 5725 FT. CAROLINE RD JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lichtward, Deborah A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5725 Ft. Caroline Rd. Jacksonville, FL 32277 VP D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LICHTWARD, DEBORAH A 5725 FT CAROLINE RD JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fred Lichtward P S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2428 Marble Rd. Jacksonville, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LICHTWARD, FRED H 5725 FT CAROLINE RD JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082652492 12/20/06--01005--009 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Fred Lichtward President</i>		DATE: 12/18/06 ⁽⁹⁰⁴⁾ 673-6122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Devtime Phone #	