

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90059 006 ****61.25

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1. Entity Name
OLD ARLINGTON INC.

Principal Place of Business
 1261 ALDERMAN RD. EAST
 JACKSONVILLE, FL 32211

Mailing Address
 POST OFFICE BOX 15304
 JACKSONVILLE, FL 32219

50006473



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3193543

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FANT, WAVERLY
 1261 ALDERMAN RD. EAST
 JACKSONVILLE, FL 32211

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME PACE, JOHNSON H JR
 STREET ADDRESS 701 HOGAN ST
 CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME EVANS, KATHLEEN
 STREET ADDRESS 7809 GLEN ECHO RD. N.
 CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME FANT, WAVERLEY
 STREET ADDRESS 1261 ALDERMAN RD. EAST
 CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE Change Addition
 NAME **FANT, WAVERLY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME BURT, ANN
 STREET ADDRESS 7866 GLENECH0 RD N
 CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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)(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 617, 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: Waverly Fant **WAVERLY FANT, T/D** 01-21-05 904-721-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #