2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2005 08:00 AM **DOCUMENT # P00000002046 Secretary of State** ARENT ASSOCIATES, INC. Principal Place of Business Mailing Address 6007 WINDING LAKE DRIVE 6007 WINDING LAKE DRIVE JUPITER, FL 33458 JUPITER, FL 33458 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0972631 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ARENT, RUSSELL A DO NOT WRITE 6007 WINDING LAKE DRIVE IN THIS SPACE JUPITER, FL 33458 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed hame of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE NAME ARENT, RUSSELL A U00000187162 6007 WINDING LAKE DRIVE STREET ADDRESS 01/24/05-80001-024 150.00 CITY-ST-ZIP JUPITER, FL 33458 TITLE ARENT, MARY E NAME STREET ADDRESS 6007 WINDING LAKE DRIVE CITY-ST-ZIP JUPITER, FL 33458 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNORISE AND TYPED OR PRINTED NAME OF SLIGNING OFFICER OR DIRECTOR

1/14/05

Del-141-0293