


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000042807 1. Entity Name ARLINGTON BODY COMPANY, INC.	
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Principal Place of Business 1529 MARCHECK STREET JACKSONVILLE, FL 32211	Mailing Address 1529 MARCHECK STREET JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3714275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN, RONALD 1529 MARCHECK STREET JACKSONVILLE, FL 32211
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, RONALD 1529 MARCHECK STREET JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, WILMA 1529 MARCHECK ST. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, DONNA 3750 MANOR OAKS DR. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALLEN, NATHAN 3750 MANOR OAKS DR. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ALLEN, FLOYD 1529 MARCHECK ST. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000004440 01/15/04-80012-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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. 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: Ronald Allen RONALD ALLEN 1/14/04 904-743-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #