2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State
02-03-2005 90043 035 ***150.00

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1. Entity Name
ARLINGTON BODY COMPANY, INC.

Principal Place of Business	Mailing Address
1529 MARCHECK STREET JACKSONVILLE, FL 32211	1529 MARCHECK STREET JACKSONVILLE, FL 32211

66005377

01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3714275
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, RONALD
1529 MARCHECK STREET
JACKSONVILLE, FL 32211

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: Ronald Allen RONALD ALLEN PRESIDENT 1/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN, RONALD
STREET ADDRESS	1529 MARCHECK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	S
NAME	ALLEN, WILMA
STREET ADDRESS	1529 MARCHECK ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	T
NAME	ALLEN, DONNA
STREET ADDRESS	3750 MANOR OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	C
NAME	ALLEN, NATHAN
STREET ADDRESS	3750 MANOR OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	M
NAME	ALLEN, FLOYD
STREET ADDRESS	1529 MARCHECK ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
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 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 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 L. Allen 2/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #