
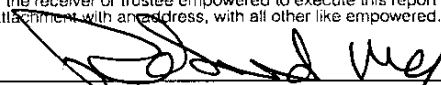


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90044 049 ***150.00

DOCUMENT # P01871 1. Entity Name ARNOLD FOODS COMPANY, INC.					
Principal Place of Business 55 PARADISE LANE BAYSHORE, NY 11706 US			Mailing Address 55 PARADISE LANE BAYSHORE, NY 11706		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINCE, GARY		NAME		
STREET ADDRESS	55 PARADISE LANE		STREET ADDRESS		
CITY-ST-ZIP	BAY SHORE, NY 11706		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELIGMAN, SHELLY		NAME		
STREET ADDRESS	55 PARADISE LANE		STREET ADDRESS		
CITY-ST-ZIP	BAYSHORE, NY		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACCHIN, LOUISE		NAME		
STREET ADDRESS	55 PARADISE LANE		STREET ADDRESS		
CITY-ST-ZIP	BAY SHORE, NY 11706		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSEN, WILLIAM		NAME		
STREET ADDRESS	55 PARADISE LANE		STREET ADDRESS		
CITY-ST-ZIP	BAYSHORE, NY		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, RICK		NAME		
STREET ADDRESS	2821 EMERYWOOD PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23294		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MQUFIMAL, RICHARD		NAME	Richard Mavrinac	
STREET ADDRESS	55 PARADISE LANE		STREET ADDRESS		
CITY-ST-ZIP	BAY SHORE, NY 11706		CITY-ST-ZIP		
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: 			VP-Tax 1/9/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		