

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000018501

1. Entity Name
H. ARNOLD TRUCKING, INC.



Principal Place of Business
**41702 MAGGIE JONES RD.
PAISLEY FL 32767**

Mailing Address
**41702 MAGGIE JONES RD.
PAISLEY FL 32767**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **33-1044016** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**ARNOLD, HAROLD C
41702 MAGGIE JONES RD.
PAISLEY FL 32767**

7. Name and Address of New Registered Agent
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 Harold C. Arnold
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	NAME	ARNOOLD, HAROLD C	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	41702 MAGGIE JONES RD.	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	PAISLEY FL 32767	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD	NAME	ARNOLD, SHEILA R	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	41702 MAGGIE JONES RD.	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	PAISLEY FL 32767	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		TITLE		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Harold C. Arnold Harold C. Arnold 2/6/06 352 669-8800