

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000066380

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** ARNOLD PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

7802 KINGSPONTE PARKWAY  
SUITE 207B  
ORLANDO, FL 32819

**New Principal Place of Business:**

202 LOOKOUT PLACE,  
SUITE 200  
MAITLAND, FL 32751

**Current Mailing Address:**

P.O. BOX 770745  
ORLANDO, FL 32877

**New Mailing Address:**

**FEI Number:** 13-4256859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDEZ, FRANCIS X ESQ.  
202 LOOKOUT PLACE, SUITE 200  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARNOLD, THOMAS  
Address: 202 LOOKOUT PLACE, SUITE 200  
City-St-Zip: MAITLAND, FL 32751 US

Title: VP  
Name: ARNOLD, DOTTIE  
Address: 202 LOOKOUT PLACE, SUITE 200  
City-St-Zip: MAITLAND, FL 32751 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS ARNOLD

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date