


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90055 030 \*\*\*150.00

<b>DOCUMENT # P03000100122</b>	
<b>1. Entity Name</b> ARLYNN ASSOCIATES, INC.	

<b>Principal Place of Business</b> 207 NE LAKEVIEW DRIVE #806 SEBRING FL 33870	<b>Mailing Address</b> 207 NE LAKEVIEW DRIVE #806 SEBRING FL 33870
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<b>2. Principal Place of Business</b> 6211 CANDLER TER. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6211 CANDLER TER. Suite, Apt. #, etc.
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<b>City &amp; State</b> SEBRING, FLA.	<b>City &amp; State</b> SEBRING, FLA.
<b>Zip</b> 33876	<b>Country</b> HIGHLANDS
<b>Zip</b> 33876	<b>Country</b> HIGHLANDS

<b>4. FEI Number</b> 54-2125859	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
RANDALL, ROBERT L 207 NE LAKEVIEW DRIVE #806 SEBRING FL 33870	
NEW ADDRESS	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
6211 CANDLER TER.	
City	SEBRING FL Zip Code 33876

**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 PD ROBERT L. RANDALL Robert L. Randall 2-16-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> RANDALL, ROBERT L 207 NE LAKEVIEW DRIVE, #806 SEBRING FL 33870 ADDRESS CHANGE ONLY
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ADDRESS CHANGE ONLY</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ADDRESS CHANGE ONLY</b>
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ADDRESS CHANGE ONLY</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> RANDALL, ROBERT L 6211 CANDLER TER. SEBRING, FLA. 33876 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> RANDALL, ROBERT L. 6203 CANDLER TER. SEBRING, FLA. 33876 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: Robert L. Randall 2-16-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #