

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90044 037 \*\*\*150.00

DOCUMENT # P03000100122

1. Entity Name

ARLYNN ASSOCIATES, INC.



Principal Place of Business

6211 CANDLER TER  
SEBRING FL 33876

Mailing Address

6211 CANDLER TER  
SEBRING FL 33876

609 HOLLY DR.

609 HOLLY DR.

2. Principal Place of Business

~~6211 CANDLER TER~~

3. Mailing Address

~~6211 CANDLER TER~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FLA.

City & State

SEBRING, FLA.

4. FEI Number

54-2125859

Applied For

Not Applicable

Zip  
33876

Country  
U.S.A.

Zip  
33876

Country  
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RANDALL, ROBERT L  
6211 CANDLER TER  
SEBRING FL 33876

7. Name and Address of New Registered Agent

Name

ROBERT L. RANDALL

Street Address (P.O. Box Number is Not Acceptable)

609 HOLLY DR.

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 ROBERT L. RANDALL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RANDALL, ROBERT L  
STREET ADDRESS 6211 CANDLER TER  
CITY-ST-ZIP SEBRING FL 33876

TITLE PD ☐ Delete  
NAME RANDALL, ROBERT L  
STREET ADDRESS 6203 CANDLER TER  
CITY-ST-ZIP SEBRING FL 33876

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-05