

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90045 016 ***150.00

DOCUMENT # P03000100122

1. Entity Name

ARLYNN ASSOCIATES, INC.



Principal Place of Business

609 HOLLY DR.
SEBRING FL 33876

Mailing Address

609 HOLLY DR.
SEBRING FL 33876

2. Principal Place of Business

7915 ELLIOTT RD.

3. Mailing Address

7915 ELLIOTT RD.

Suite, Apt. #, etc.

17

Suite, Apt. #, etc.

17

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

Zip

33876

Country

U.S.A.

Zip

33876

Country

U.S.A.

4. FEI Number

54-2125859

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RANDALL, ROBERT L
609 HOLLY DR
SEBRING FL 33876

7. Name and Address of New Registered Agent

Name

RANDALL, ROBERT L.

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

7915 ELLIOTT RD. # 17

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

Signature, typed or printed name of registered agent and title 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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDALL, ROBERT L	
STREET ADDRESS	6211 CANDLER TER	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDALL, ROBERT L	
STREET ADDRESS	6203 CANDLER TER	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Robert L. Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06 (863) 655-0395

Date

Daytime Phone #