2007 FOR PROFIT CORPC

DOCUMENT # P03000141042

1. Entity Name ARLIE KEMPF, INC.

FILED Apr 25, 2007 08:00 A Secretary of State

Principal Place of Business

15130 FRUITVILLE ROAD SARASOTA, FL 34240 Mailing Address

15130 FRUITVILLE ROAD SARASOTA, FL 34240



DO	NOT	WRI'	TE IN	THIS	SPACE
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 04162007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEMPF LAND SERVICES 15130 FRUITVILLE ROAD SARASOTA, FL 34240

SIGNATURE!

DO NOT WRITE IN THIS SPACE

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, typod or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees	5.112				
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMPF, ARLIE R 15130 FRUITVILLE ROAD SARASOTA, FL 34240								
TITLE NAME, STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-S1-ZIP					000000731578 05/09/07-80011-011 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information suppried with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in the factor 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 and that my signature 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 additional manner.									

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR