

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000003539	
1. Entity Name ARABELLA'S INC.	

Principal Place of Business 1300 3RD STREET S.W. WINTER HAVEN FL 33880 US	Mailing Address 1300 3RD STREET S.W. WINTER HAVEN FL 33880 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-0544521	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICH, THOMAS B 2308 CYPRESS GRDS. BLVD. WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>Thomas B Rich PS-</i>	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when (re)stating)	DATE
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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 \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	☐ Delete	TITLE	☐ Change ☐ Addition
NAME RICH, THOMAS B		NAME	
STREET ADDRESS 2308 CYPRESS GRDS. BLVD.		STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL 33880		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME BASALONE, FRANCESCO N		NAME	
STREET ADDRESS 1920 GREENWAY DR.		STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33805		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas B Rich Pres*