

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012284

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: JAMES ARNOLD FOOTER INCORPORATED

## Current Principal Place of Business:

14881 A & W BULB RD.  
FORT MYERS, FL 33908

## New Principal Place of Business:

## Current Mailing Address:

14950 BLACKBIRD LANE  
FORT MYERS, FL 33919

## New Mailing Address:

1146 BUTTONWOOD LANE  
SANIBEL, FL 33957

FEI Number: 55-0857716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINLAND, TINA  
9132 IRVING RD.  
FT. MYERS, FL 33912 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ARNOLD, CHRIS A  
Address: 14950 BLACKBIRD LANE  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: ARNOLD, JAMES W  
Address: 14881 A & W BULB RD.  
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete  
Name: AURELIA, MARK  
Address: 14950 BLACKBIRD LANE  
City-St-Zip: FORT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ARNOLD, CHRIS A  
Address: 1146 BUTTONWOOD LANE  
City-St-Zip: SANIBEL, FL 33957

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS ARNOLD

D

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date