



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90125 009 ***150.00

DOCUMENT # P04000030391 1. Entity Name ARNAUD DELOBEL, P.A.					
Principal Place of Business 4010 GRANDE VISTA BLVD., APT. 308 ST. AUGUSTINE, FL 32084			Mailing Address 4010 GRANDE VISTA BLVD., APT. 308 ST. AUGUSTINE, FL 32084		
2. Principal Place of Business 1255 PONCE ISLAND DRIVE Suite, Apt. #, etc. APT A702		3. Mailing Address 1255 PONCE ISLAND DRIVE Suite, Apt. #, etc. APT A702			
City & State ST AUGUSTINE FL		City & State ST AUGUSTINE FL		4. FEI Number 20-0757995	
Zip 32084		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELOBEL, ARNAUD 4010 GRANDE VISTA BLVD., APT. 308 ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1255 PONCE ISLAND DR APT A702 City ST AUGUSTINE FL Zip Code 32084		
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 <u><i>Arnaud C Delobel</i></u> DATE <u>03/11/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV DELOBEL, ARNAUD 4010 GRANDE VISTA BLVD., APT. 308 ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1255 PONCE ISLAND DR APT A702 ST AUGUSTINE FL 32084	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Arnaud C Delobel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/25/05 904-669-6042 <small>Date Daytime Phone #</small>		