

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90012 025 ***150.00

DOCUMENT # P04000052763
 1. Entity Name
 TODD ALAN ARNOLD, P.A.



Principal Place of Business Mailing Address
 3856 LIONHARD DR 3856 LIONHARD DR
 JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 3856 Lionheart Drive 3856 Lionheart Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Jacksonville, FL Jacksonville, FL
 Zip Country Zip Country
 32216 Country 32216 Country

03192007 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
 20-0909412 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 ARNOLD, TODD A
 3856 LION HEART DR
 JACKSONVILLE, FL 32-2165

7. Name and Address of New Registered Agent
 Name Todd Arnold
 Street Address (P.O. Box Number is Not Acceptable)
 3856 Lionheart Drive
 City Jacksonville FL Zip Code 32216

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: *Todd Arnold* Todd Arnold DATE: 3/21/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	ARNOLD, TODD A	
STREET ADDRESS	3856 LIONHEART DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
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
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 Chapter 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: *Todd Arnold* Todd Arnold DATE: 3/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #