


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90037 022 ***150.00

DOCUMENT # P04000076022	
1. Entity Name ARNETT ARMS, INC.	

Principal Place of Business C/O BANK OF AMERICA 390 N. ORANGE AVE ORLANDO, FL 32801-1640	Mailing Address C/O BANK OF AMERICA PO BOX 830151 DALLAS, TX 75234-0151
---	--

DO NOT WRITE IN THIS SPACE

40010433



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1160207	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent UPCHURCH, TRACY WILSON 780 N PONCE DELEON BLVD ST AUGUSTINE, FL 32084
--

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILEY, KEITH 901 MAIN ST., 12TH FLOOR DALLAS, TX 75202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERIKSEN, PAT 390 NORTH ORANGE AVE ORLANDO, FL 328011640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOWELL, DURWOOD 390 NORTH ORANGE AVE ORLANDO, FL 328011640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **Durwood Howell** 2/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #