


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000167939 1. Entity Name ARJONELI, INC.	
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04222008 No Chg-P CR2E034 (11/05)

Principal Place of Business 10350 FOREST HAVEN DR. E JACKSONVILLE, FL 32257	Mailing Address 10350 FOREST HAVEN DR. E JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2037579	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 CROWE, W. DIANE 10350 FOREST HAVEN DR. E JACKSONVILLE, FL 32257
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000919066
05/13/08 80106 020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROWE, HENRY G 10350 FOREST HAVEN DR. E JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROWE, W. DIANE 10350 FOREST HAVEN DR. E JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Henry G. Crowe HENRY G. CROWE 0421-08 904-260-2692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #