


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90030 007 \*\*\*550.00

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| <b>DOCUMENT # P05000006513</b>                   |  |
| 1. Entity Name<br><b>ARCADE PROPERTIES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3951 DUNDEE RD.<br/>WINTER HAVEN FL 33884</b> | Mailing Address<br><b>3951 DUNDEE RD.<br/>WINTER HAVEN FL 33884</b> |
|---|---|



|  |   |
|--|---|
| 2. Principal Place of Business<br><b>611 Jones Ave.<br/>Suite 10<br/>Haines City, FL<br/>33844</b> | 3. Mailing Address<br><b>611 Jones Ave<br/>Suite 10<br/>Haines City, FL<br/>33844</b> |
|--|---|

2nd MOORE CR2E034 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>61-1448260</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>SNIDER, RANDAL G<br/>3951 DUNDEE RD.<br/>WINTER HAVEN FL 33884</b> | 7. Name and Address of New Registered Agent<br>Name <b>Baldwin, James L.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>611 Jones Ave<br/>Suite 10<br/>Haines City, FL 33844</b> |
|--|---|

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

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$550.00<br/>DUE BY September 6, 2006<br/>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>SNIDER, RANDAL G<br/>3951 DUNDEE RD.<br/>WINTER HAVEN FL 33884</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>P<br/>James L Baldwin<br/>611 Jones Ave. Ste 10<br/>Haines City, FL 33844</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V<br/>BALDWIN, JAMES L<br/>1306 S. HIGHLAND PK. DR.<br/>LAKE WALES FL 33898</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**James L. Baldwin 8/15/06**