

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90013 003 \*\*\*150.00

**DOCUMENT # P05000029460**

1. Entity Name  
**ARNOLD'S ON THE GO, INC.**



Principal Place of Business  
**8109 EAST ZEPHYR WING COURT  
FLORAL CITY, FL 34436**

Mailing Address  
**5143 COMMERCIAL WAY  
SPRING HILL, FL 34606**



2. Principal Place of Business

3. Mailing Address  
**8109 E. ZEPHYR WING CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State

City & State  
**FLORAL CITY, FL**

4. FEI Number  
**30-2472378**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
**34436**

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLIMIS, GEORGE N  
27 E. ORANGE STREET  
TARPOON SPRINGS, FL 34689**

Name  
**ARNOLD, THOMAS R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8109 E. ZEPHYR WING CT.**

City  
**FLORAL CITY** **FL** Zip Code  
**34436**

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  
**3/27/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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  
**D  
ARNOLD, THOMAS R  
8109 EAST ZEPHYR WING COURT  
FLORAL CITY, FL 34436** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/P/S/T** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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, which all other like empowered.

SIGNATURE:

*Thomas R. Arnold*

**THOMAS R. ARNOLD**

DATE  
**3/27/06**

Daytime Phone #