2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076218

City-St-Zip: SATELLITE BEACH, FL 32937

Entity Name: ARNOLD INSURANCE & FINANCIAL SERVICES, INC.

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
230 FORR COCOA, F	REST AVENUE FL 32922	:			
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
PO BOX 3 SATELLIT	73100 E BEACH, FL	329371100	PO BOX 373100 SATELLITE BEACH, F	L 329371100 US	
FEI Number:	: 33-1118787	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
SATELLIT	VOOD AVENU E BEACH, FL	32937 US	purpose of changing its registered	d office or registered agent, or both,	
	e of Florida.				
SIGNATU					
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ARNOLD, JAM 515 HARWOOI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (ARNOLD, TER 515 HARWOOI		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI LYNN ARNOLD VP/D 02/03/2009