## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009655

Entity Name: AUSTIN G. ARNONE, P.A.

**FILED** Aug 25, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

206 N. MAIN AVE 4585 S CONWAY ROAD LAKE PLACID, FL 33852 APT 14

ORLANDO, FL 32812

**Current Mailing Address: New Mailing Address:** 

4585 S CONWAY ROAD 206 N. MAIN AVE LAKE PLACID, FL 33852 APT 14

ORLANDO, FL 32812

FEI Number: 20-4250063 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNONE, AUSTIN G ARNONE, AUSTIN G 206 N. MÁIN AVE 4854 S CONWAY RD LAKE PLACID, FL 33852 US APT 14 O, FL 32812 US

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.

SIGNATURE: 08/25/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete Title: (X) Change ( ) Addition

ARNONE, AUSTIN G ARNONE, AUSTIN G Name: Name: 206 N. MAIN AVE 4854 S CONWAY RD #14 Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: ORLANDO, FL 32812

( ) Delete Title: T, S Title: (X) Change ( ) Addition ARNONE, AUSTIN G Name: Name: ARNONE, AUSTIN G

206 N. MAIN AVE Address: 4854 S CONWAY RD #14 Address: LAKE PLACID, FL 33852 ORLANDO, FL 32812 City-St-Zip: 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: AUSTIN G ARNONE **PRES** 08/25/2009

Electronic Signature of Signing Officer or Director

Date