

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094793

FILED
Mar 04, 2008
Secretary of State

Entity Name: DENISE MICHELLE ARNOLD P. A.

Current Principal Place of Business:

10150 BELLE RIVE BLVD
#1906
JACKSONVILLE, FL 32256

Current Mailing Address:

10150 BELLE RIVE BLVD
#1906
JACKSONVILLE, FL 32256

New Principal Place of Business:

10435 MIDTOWN PARKWAY
#218
JACKSONVILLE, FL 32246

New Mailing Address:

10435 MIDTOWN PARKWAY
#218
JACKSONVILLE, FL 32246

FEI Number: 20-5235201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, DENISE M
10150 BELLE RIVE BLVD
#1906
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ARNOLD, DENISE M
10435 MIDTOWN PARKWAY
#218
JACKSONVILLE, FL 32246 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:

03/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARNOLD, DENISE M
Address: 10150 BELLE RIVE BLVD #1906
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR () Delete
Name: ARNOLD, DENISE M
Address: 10150 BELLE RIVE BLVD #1906
City-St-Zip: JACKSONVILLE, FL 32256

Title: S/T () Delete
Name: ARNOLD, DENISE M
Address: 10150 BELLE RIVE BLVD #1906
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARNOLD, DENISE M
Address: 10435 MIDTOWN PARKWAY #28
City-St-Zip: JACKSONVILLE, FL 32246

Title: DIR (X) Change () Addition
Name: ARNOLD, DENISE M
Address: 10435 MIDTOWN PARKWAY #218
City-St-Zip: JACKSONVILLE, FL 32246

Title: S/T (X) Change () Addition
Name: ARNOLD, DENISE M
Address: 10435 MIDTOWN PARKWAY #218
City-St-Zip: JACKSONVILLE, FL 32246

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: DENISE MICHELLE ARNOLD

P

03/04/2008

Electronic Signature of Signing Officer or Director

Date