

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90047 033 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000112813

1. Entity Name
ARLETTE'S PLACE INC.



Principal Place of Business
2441 STONEY GLEN DRIVE
ORANGE PARK, FL 32003

Mailing Address
2441 STONEY GLEN DRIVE
ORANGE PARK, FL 32003

40005339



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. BOX 9449

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007

Chg-P

CR2E034 (12/06)

City & State

City & State

FLEMING ISLAND FL

4. FEI Number

56-2607526

Applied For

Not Applicable

Zip

Country

Zip

Country

32006

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, ARLETTE R
2441 STONEY GLEN DRIVE
ORANGE PARK, FL 32003

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PRICE, ARLETTE R
STREET ADDRESS 2441 STONEY GLEN DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32003

☐ Delete

TITLE D
NAME PRICE, KIRK J
STREET ADDRESS 2441 STONEY GLEN DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32003

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

1-17-07 (904) 868-0406