

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90014 033 \*\*\*158.75

**DOCUMENT # P06000112813**

1. Entity Name  
**ARLETTE'S PLACE INC.**



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

Mailing Address  
**P.O. BOX 9449  
FLEMING ISLAND, FL 32006**

40030092



2. Principal Place of Business - No P.O. Box #  
**2219 COUNTY ROAD 220**

3. Mailing Address **SAME**

01152008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.  
**STE # 317**

Suite, Apt. #, etc.

City & State  
**MIDDLEBURG FL**

City & State

4. FEI Number  
**56-2607526**

Applied For  
Not Applicable

Zip  
**32068**

Country  
**U.S.A.**

Zip Country

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 **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**2219 COUNTY ROAD 220**  
**STE # 317**  
City **MIDDLEBURG FL** Zip Code **32068**

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, 2008 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** ☐ Delete  
NAME **PRICE, ARLETTE R**  
STREET ADDRESS **2441 STONEY GLEN DRIVE**  
CITY-ST-ZIP **ORANGE PARK, FL 32003**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **2219 COUNTY ROAD 220 STE # 317**  
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **2219 COUNTY ROAD 220 STE # 317**  
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**PRICE**

**2-20-08 (904) 868-0406**

Date

Daytime Phone #

**ARLETTE PRICE**