## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

	AIIIIVAL	02-22-2008 90014 033 ***158.75							
DOCUMENT # P06000112813  1. Entity Name ARLETTE'S PLACE INC.							>001 न (	,,,,,,	130.73
Principal Place of Business Mailing Address			-			0092			
2441 STONE	Y GLEN DRIVE	P.O. BOX 9449			4003	UUJ₽			
ORANGE PAR		FLEMING ISLAND, FL 32006			40				
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A Bining Brown All Book and All Andrews									
2. Principal Place of Business - No P.O. Box # 3 (Mailing Address 22/9 County Roso 220)				SAME	I LÄDNEET KU OTIN	O ENNI ODIN EDIN EDIEL	# <b>#80</b> } # <b>818</b>    <b>38</b> 8  #1	ITOL HOUSE HAIN	<b>  1                 </b>
Suite, Apt.		Suite, Apt. #, etc.			1			= . = .	
,	E # 317				01152008	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Number			Apr	olied For
MIDDLEBURG FL							Not	Applicable	
32068	Country 4.	Zip Count		гу	5. Certificate of Status Desired \$8.75 Additional Fee Required				
32000		Pagistared Agent	<del></del>	<del></del>	7 Name and Ad	drage of New Re	<u>/                                     </u>	•	
6. Name and Address of Current Registered Agent 7. Name and Address of New F									
PRICE ARLETTER				Name SAME					
2441 STONEY GLEN DRIVE				Street Address (P.O. Box Number is Not Acceptable) 2219 COUNTY FOAD 220					
ORANGE PARK, FL 32003				•					
				ر در City	T# 317			Zin Codo	
•				MIDDLE			FL	320	68
	named entity submits this statement for	the purpose of changing its	s registere	ed office or register	red agent, or both, i	n the State of Flori	ida. I am fam	iliar with, a	and accept
the obligati	ions of registered agent.								
SIGNATURE_									
	Signature, typed or printed name of registered agent a	nd litte il applicable. (NO	TE: Registered	t Agent signature required	d when reinstaling)		DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CH	ANGES TO OFFIC	ERS AND DI	RECTORS	IN 11
TITLE			TITLE		SAME		/ '	Change	☐ Addition
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12. I hereby of indicated	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empo	this filing does not qualify true and accurate and that	for the exe my signal	emptions contained ture shall have the	o in Unapter 119, F same legal effect a	iorida Statutes. I f s if made under o	urtner certify ath; that I am	an officer	or director
of the cor	rporation or the receiver or trustee empo , or on an attachment with an address, t	wered to execute this repo	rt as requi d.	red by Chapter 60	7, Florida Statutes; a	and that my name	appears in B	lock 10 or	Block 11 if
Limingeu	, or on an audomnerit with an address,				_		(a .	0	
SIGNAT	TURE:		- P/	RES.	2-2	10-08 (	404)	<u> 568 -</u>	0406
	SIGNATU NAME TYPED OR F	RINTED NAME OF SIGNING OFFICE	R OR DIRECT	TOR		Date	Dayte	ne Phone #	

ARLETE PRICE