

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P41037

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: VAN ARNEM COMPANY

**Current Principal Place of Business:**

12 S E FIRST AVENUE  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

**Current Mailing Address:**

12 S E FIRST AVENUE  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

FEI Number: 38-2331309      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEVIT, DREW M  
855 S FEDERAL HWY  
SUITE 212  
BOCA RATON, FL 33432 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VAN ARNEM, KENNETH M  
Address: 3314 LOWSON BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST ( ) Delete  
Name: ALLEN, BETTY E  
Address: 17296 HAMPTON BLVD  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: VAN ARNEM, KENNETH M  
Address: 3314 LOWSON BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: ALLEN, BETTY E  
Address: 17296 HAMPTON BLVD  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: VAN ARNEM, HAROLD L  
Address: 733 N OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTY ALLEN

ST

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date