


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000070344 1. Entity Name ARNOLD COMPANIES, INC.	
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Principal Place of Business 17757 US 19 NORTH SUITE 275 CLEARWATER, FL 33764	Mailing Address 17757 US 19 NORTH SUITE 275 CLEARWATER, FL 33764
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**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, LEE E JR  
17757 US 19 NORTH  
SUITE 275  
CLEARWATER, FL 33764

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000136608  
04/28/04-80096-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ARNOLD, LEE E JR 17757 US 19 NORTH SUITE 275 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ST. CLAIR, LAURA 3602 MORRISON AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4-27-04 DAYTIME PHONE #: 727-442-7184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR