

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000075393

1. Entity Name
ARNOLD BROS. INC.



Principal Place of Business
**2437 SW PINE ISLAND ROAD
CAPE CORAL FL 33991
US**

Mailing Address
**2437 SW PINE ISLAND ROAD
CAPE CORAL FL 33991
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



1st MOORE CR2ED34 (10/05)

4. FEI Number **65-0526349**

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ARNOLD, STEPHEN J
3609 SW 15TH AVE
CAPE CORAL FL 33914**

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 _____ (NOTE: Registered Agent signature required when certifying) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	ARNOLD, STEPHEN			NAME			
STREET ADDRESS	3609 SW 15 AVE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33914			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	ARNOLD, JAMES J			NAME			
STREET ADDRESS	210 SW 9TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33914			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3-24-06 **229-282-0066**
Date Daytime Phone #