2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# P95000032600

Entity Name: ARLYDON MANAGEMENT, INC.

Current Principal Place of Business:

PO BOX 3550
BELLVIEW, FL 34421 US

New Principal Place of Business:

6791 EASY STREET
OCALA, FL 34472 US

Current Mailing Address:

PO BOX 3550
BELLVIEW, FL 34421 US

New Mailing Address:

FEI Number: 59-3310573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUTCH, R. WILLIAM ESQ
500 NE 8TH AVE
OCALA, FL 34470 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: FLEISCHAUER, DONALD
Address: 6980 SE 107TH ST
City-St-Zip: BELLEVIEW, FL

Title: T ( ) Delete
Name: FLEISCHAUER, ARLEAN
Address: 6990 SE 107TH ST
City-St-Zip: BELLEVIEW, FL

Title: D ( ) Delete
Name: CARROLL, GAYLE
Address: 2610 SE 67TH ST
City-St-Zip: OCALA, FL

Title: V ( ) Delete
Name: CARROLL, STEVEN
Address: 2610 SE 67TH ST
City-St-Zip: OCALA, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GAYLE CARROLL D 04/20/2007

Electronic Signature of Signing Officer or Director Date