

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000042829	
1. Entity Name ARNT U. GLADUFOUNDUS, INC.	
Principal Place of Business 45 12TH AVE. S STE 225 NAPLES, FL 34102 US	Mailing Address 745 12TH AVE S SUITE G NAPLES, FL 34102 US



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0604318	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FLOCK, TIMOTHY J
2777 LAKEVIEW DR
NAPLES, FL 34112**

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	VPS FLOCK, DONALD E 545 CENTRAL AVE NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY ST ZIP	P FLOCK, TIMOTHY 2777 LAKEVIEW DR NAPLES, FL 34112
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TITLE NAME STREET ADDRESS CITY ST ZIP	T BRIGGS, STEPHEN F II 107 BROAD AVE S NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President *2-21-05* *235-649-8812*

Date

Daytime Phone #