

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000042829

1. Entity Name
ARNT U. GLADUFOUNDUS, INC.



**FILED
May 12, 2006 8:00 am
Secretary of State**

05-12-2006 90028 004 ***550.00

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

2. Principal Place of Business

600 Neapolitan Way
Suite, Apt. #, etc.
Unit 159

3. Mailing Address

600 Neapolitan Way
Suite, Apt. #, etc.
Unit 159

City & State

Naples FL

City & State

Naples FL

Zip

34103

Country

Collier

Zip

34103

Country

Collier

6. Name and Address of Current Registered Agent

FLOCK, TIMOTHY J
2777 LAKEVIEW DR
NAPLES, FL 34112

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

Timothy J. Flock
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

3/16/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
FLOCK, TIMOTHY
2777 LAKEVIEW DR
NAPLES, FL 34112

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
BRIGGS, STEPHEN F II
107 BROAD AVE S
NAPLES, FL 34102

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Timothy J. Flock*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/03 239-263-3146

Date

Daytime Phone #