


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90029 017 ***150.00

DOCUMENT # P95000047678

1. Entity Name
DAVID M. ARNDT & CO., INC.



Principal Place of Business
**1734 SW BOATSWAIN PLACE
 PALM CITY FL 34990**

Mailing Address
**1734 SW BOATSWAIN PLACE
 STE 2
 PALM CITY FL 34990**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**REARSE, RICHARD L JR.
 1241 S MYRTLE AVE
 CLEARWATER FL 33756**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARNDT, DAVID M	
STREET ADDRESS	208 NORTH US HWY 1, STE 2	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARNDT, BEVERLY A	
STREET ADDRESS	102 OCEAN COVE	
CITY-ST-ZIP	JUPITER, FL 38477	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARNDT, AMY J	
STREET ADDRESS	208 NORTH US HWY 1, STE 2	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David M. Arndt & Company, Inc.	
STREET ADDRESS	1734 SW Boatswain Place	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNDT, BEVERLY A.	
STREET ADDRESS	102 OCEAN COVE DR.	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNDT, AMY J.	
STREET ADDRESS	1734 SW BOATSWAIN PLACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *DAVID M. ARNDT* **02-04-04 712 287-4414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #