

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000056930  
1. Entity Name  
LISA ARWOOD AND ASSOCIATES, INC.



Principal Place of Business  
3525 S ROSALIND DR  
ORLANDO, FL 32806

Mailing Address  
3525 S ROSALIND DR  
ORLANDO, FL 32806

**FILED  
Apr 26, 2004 08:00 AM  
Secretary of State**



04192004 No Chg-P CR2E034 (10/03)

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>59-3382823</b> | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired   | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                  |

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ARWOOD, LISA D  
3525 S ROASLIND AVE  
ORLANDO, FL 32806

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: PST  
NAME: ARWOOD, LISA  
STREET ADDRESS: 937 N. MAGNOLIA AVE  
CITY-ST-ZIP: ORLANDO, FL 32803

U000000128509  
04/26/04-80040-022 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 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: *Lisa D Arwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 407-858-0696  
Date Daytime Phone #