

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90414 035 ***150.00

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1. Entity Name
ARNOLD PROPERTIES, INC.



Principal Place of Business
**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104**

Mailing Address
**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104**

50008766



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0692098** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WRIGHT, TAMARA A
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WRIGHT, TAMARA A**
STREET ADDRESS **3073 SOUTH HORSESHOE DRIVE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D**
NAME **ARNOLD, DEAN A**
STREET ADDRESS **3073 SOUTH HORSESHOE DRIVE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D**
NAME **JEPPESSEN, ANDREA A**
STREET ADDRESS **3073 SOUTH HORSESHOE DRIVE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06 **239-643-6333**
Date Daytime Phone #