

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90396 014 ***150.00

DOCUMENT # P96000059177 1. Entity Name ARNOLD PROPERTIES, INC.	
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Principal Place of Business 3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104	Mailing Address 3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104
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03192008 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
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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.

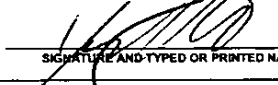
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, TAMARA A 3073 SOUTH HORSESHOE DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNOLD, DEAN A 3073 SOUTH HORSESHOE DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEPPESEN, ANDREA A 3073 SOUTH HORSESHOE DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:  **4/9/08** **239-643-6333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #