

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90998 008 ***150.00

DOCUMENT # P97000060678 1. Entity Name ARLON PROPERTIES, INC.			
Principal Place of Business 4365 COQUINA DRIVE JACKSONVILLE, FL 32250		Mailing Address 4365 COQUINA DRIVE JACKSONVILLE, FL 32250	
2. Principal Place of Business 4985 Dixieland Drive Suite, Apt. #, etc.		3. Mailing Address 4985 Dixieland Drive Suite, Apt. #, etc.	
City & State Jacksonville, Florida Zip 32224 Country		City & State Jacksonville, Florida Zip 32224 Country	
4. FEI Number 59-3456945		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, CLINT 4365 COQUINA DR. JACKSONVILLE, FL 32250		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4985 Dixieland Drive City Jacksonville FL Zip Code 32224	
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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: MILLER, CLINT STREET ADDRESS: 4365 COQUINA DRIVE CITY-ST-ZIP: JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 4985 Dixieland Drive STREET ADDRESS: Jacksonville, Florida CITY-ST-ZIP: 32224	
TITLE: VD NAME: JARRET, JUDITH STREET ADDRESS: 4365 COQUINA DRIVE CITY-ST-ZIP: JACKSONVILLE, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 4985 Dixieland Drive STREET ADDRESS: Jacksonville, Florida CITY-ST-ZIP: 32224	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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 Clint Miller		Date 4-22-04 (904) 642-3304	