

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90187 030 ***150.00

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|--|---|--|--|
| DOCUMENT # P97000105186 1. Entity Name ARNOLD & MARSHA STOCK CORP. | |  | |
| Principal Place of Business 4654 HAZLETON LANE LAKE WORTH, FL 33467 | | Mailing Address 4654 HAZLETON LANE LAKE WORTH, FL 33467 | |
| 2. Principal Place of Business 11380 OHANU Circle - Suite, Apt. #, etc. | | 3. Mailing Address 11380 OHANU Circle Suite, Apt. #, etc. | |
| City & State Boynton Beach FL Zip 33437 | | City & State Boynton Beach Zip 33437 | |
| 4. FEI Number 13-3139737 | | 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 GOLDSTEIN, ARNOLD C 4654 HAZLETON LANE LAKE WORTH, FL 33467 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11380 OHANU Circle City Boynton Beach FL Zip Code 33437 | |
| 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: <u><i>Arnold C. Goldstein</i></u> (Arnold C. Goldstein) 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 GOLDSTEIN, ARNOLD C | <input type="checkbox"/> Delete | |
| STREET ADDRESS 11380 OHANU CIRCLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE STD | NAME GOLDSTEIN, MARCIA C | <input type="checkbox"/> Delete | |
| STREET ADDRESS 11380 OHANU CIRCLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE --- | <input type="checkbox"/> Delete | | |
| STREET ADDRESS --- | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP --- | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE --- | <input type="checkbox"/> Delete | | |
| STREET ADDRESS --- | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP --- | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 info empowered. | | | |
| SIGNATURE: <u><i>Arnold C. Goldstein</i></u> (Arnold C. Goldstein) 4/26/06 561-364-9160 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |