2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 20, 2004 08:00 AM Secretary of State

| DOCU | MENT | # F | 2970 | 001 | 091 | 48 |
|------|------|-----|------|-----|-----|----|
| | | | | | | |

t. Entity Name SARAH E. ARNOLD, P.A.



Principal Place of Business

47 E. ROBINSON STREET

SUITE 209 ORLANDO, FL 32801 Mailing Address

47 E. ROBINSON STREET

SUITE 209

ORLANDO, FL 32801



01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3485032

N3' A(p. 5;1

5. Certificate of Status Desired

\$8.75 / date as

8. Name and Address of Current Registered Agent

ARNOLD, SARAH E 47 E ROBINSON ST SUITE 209 ORLANDO, FL 32801

SIGNATURE_

the obligations of registered agent.

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| Signature, types or printed hame or registrored agont and trie in applicable (INCITE Registered Agond signature required which revisitating). Will | | | | | |
|--|--|--|----------------------------------|---|---|
| | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TRLE NAME STREET ADDRESS CITY-ST-219 | P ARNOLD, SARAH E 47 E. ROBINSON STREET SUITE 20 ORLANDO, FL 32801 | 9 | | — | |
| TRLE NAME STREET ADDRESS CITY-ST-ZIP | • | | | | 01/20/04-80051-002 150.00 |
| IFILE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-SI-2*P | • | | | in in | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| Title Name Street address City-St-Zip | | | | | |
| indicated of the cor | ertify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowers or on an attachment with an address right all | ind accurate and that my signature s I to execute this report as required b | n stated shall have y Chap | re the same legal effe ter 607. Florida Statut | (i). Florida Statutes. I für her certify Bud titr i in historik in ct as if made under ogith, the Ham an office in the Co- es, and that my name appears in Block in Cor Block in Cor. |

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 Florica (1 in facilities with a circ