


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000001095 1. Entity Name ARLINGTON EXXON FOOD, INC.	
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Principal Place of Business 1019 ARLINGTON ROAD JACKSONVILLE, FL 32211-5810	Mailing Address 1019 ARLINGTON ROAD JACKSONVILLE, FL 32211-5810
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**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3548522	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KHOURI, OUSAMA 1751 CORNELL RD. JACKSONVILLE, FL 32211
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**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
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U000000060014  
02/23/04-80022-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OUSAMA, KHOURI 1751 CORNELL RD. JACKSONVILLE, FL 32211
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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: <u>OUSAMA KHOURI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # <u>9048558811</u>
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