## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT** COLINERE # DOCCOOCCEA

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

1. Entity Name DAVID L. ARNOLD & ASSOC	
Principal Place of Business	Mail
251-D SAN MARCO AVENUE ST. AUGUSTINE, FL 32084	25 ST.

ling Address

251-D SAN MARCO AVENUE ST. AUGUSTINE, FL 32084



## DO NOT WRITE IN THIS SPACE

No Chg-P 01072004 CR2E034 (10/03)

4. FEI Number	
59-3551392	_

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

904)

6. Name and Address of Current Registered Agent

ARNOLD, DAVID L 251-D SAN MARCO AVE. SAINT AUGUSTINE, FL 32084

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registe	red Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fine Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		**************************************	the state of the s
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PSTD ARNOLD, DAVID L 251-D SAN MARCO AVENUE ST. AUGUSTINE, FL 32084			•	U00000008384 01/20/04-80061-001 150,00
title name street address city-st-zip					**************************************
HILE Mame Street address City-St-Zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS SITY-ST-ZIP					· <del>· · · · · · · · · · · · · · · · · · </del>
TITLE MAME STREET ADDRESS CITY-ST-ZP					
12. I hereby of indicated of the corchanged.	certify that the information supplied with this hill on this report or supplemental report is true as portation or the receiver or trustee empowered or on an attachment with an addags, with all	ng does not qualify for the ex nd accurate and that my sign to execute this report as requ other like empowered.	emption stated ature shall hav sized by Chapt	t in Section 119.07(3) e the same legal effe er 607, Florida Statut	(f), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or directores, and that my name appears in Block 10 or Block 11 if

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