


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000002611</b> 1. Entity Name <b>DAVID L. ARNOLD &amp; ASSOCIATES, INC.</b>	
---	---

Principal Place of Business <b>251-D SAN MARCO AVENUE ST. AUGUSTINE, FL 32084</b>	Mailing Address <b>251-D SAN MARCO AVENUE ST. AUGUSTINE, FL 32084</b>
--	--



**DO NOT WRITE IN THIS SPACE**

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3551392</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ARNOLD, DAVID L 251-D SAN MARCO AVE. SAINT AUGUSTINE, FL 32084</b>
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$500** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD ARNOLD, DAVID L 251-D SAN MARCO AVENUE ST. AUGUSTINE, FL 32084</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000026114  
02/05/05-80059-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 119.07(3)(f), 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 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 6, 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: David L. Arnold, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 (904) 824-5010  
Date Daytime Phone #