

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037910

Entity Name: ARNONE CONSULTING, INC.

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

206 N. MAIN AVENUE  
LAKE PLACID, FL 33862

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2680  
LAKE PLACID, FL 33862

**New Mailing Address:**

FEI Number: 65-0920133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNONE, GREGORY L  
139 LOQUAT ROAD, NE  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: ARNONE, GREGORY L  
Address: 206 N. MAIN AVENUE  
City-St-Zip: LAKE PLACID, FL 33862

Title: DVT ( ) Delete  
Name: ARNONE, PAMELA S  
Address: 206 N. MAIN AVENUE  
City-St-Zip: LAKE PLACID, FL 33862

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY L ARNONE

DPS

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date