

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000086980

1. Entity Name
THE ARLINGTON COMPANY OF SARASOTA, INC.



Principal Place of Business
**1836 S. TAMiami TR.
VENICE, FL 34293**

Mailing Address
**1836 S. TAMiami TR.
VENICE, FL 34293**

FILED
Apr 16, 2004 08:00 AM
Secretary of State



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0952089** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLINGBEIL, ROBERT T JR ESQ
341 VENICE AVE. W.
VENICE, FL 34285**

**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

Brenda A. Smith Brenda A. Smith

4/18/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000115155
04/16/04-80013-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
SMITH, BRENDA A
1836 S. TAMiami TR.
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
SMITH, PAUL A
1836 S. TAMiami TR.
VENICE, FL 34293**

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

**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 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:

Brenda A. Smith Brenda A. Smith

Date

Daytime Phone #

4/2/04 941-492-1630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR