


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000086980</b> 1. Entity Name THE ARLINGTON COMPANY OF SARASOTA, INC.	
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Principal Place of Business 1836 S. TAMiami TR. VENICE, FL 34293	Mailing Address 1836 S. TAMiami TR. VENICE, FL 34293
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**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0952089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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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
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01/09/08-80008-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul A. Smith* PAUL A. SMITH 01-05-08 941-492-6630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #