


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90007 040 \*\*\*150.00

<b>DOCUMENT # P99000101850</b> 1. Entity Name ARNOLD & ARNOLD REAL ESTATE, INC.	
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Principal Place of Business 3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104	Mailing Address 3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FL 34104
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**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0990585	Applied For Not Applicable
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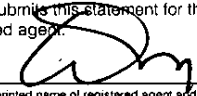
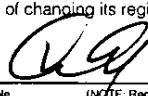
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

ARNOLD, DONALD L  
3073 SOUTH HORSESHOE DRIVE  
SUITE 118  
NAPLES, FL 34104

**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   DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

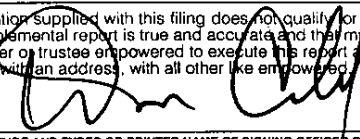
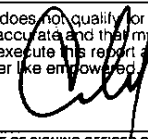
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, DONALD L 3073 S. HORSESHOE DR., SUITE 118 NAPLES, FL 34104
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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:  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date 3/6/07 Daytime Phone # 239-643-6333