


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000108449  
 1. Entity Name  
 ARNOLD & WILKINS, P.A.



Principal Place of Business      Mailing Address  
 221 E. GOV'T ST                      221 E. GOV'T ST  
 PENSACOLA, FL 32501                  PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**



02042008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3619052      Not Applicable

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

6. Name and Address of Current Registered Agent  
 WILKINS, JOHN L  
 515 DRACENA WAY  
 GULF BREEZE, FL 32561

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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: John L. Wilkins      John L. Wilkins      2/4/08  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARNOLD, R. GLENN
STREET ADDRESS	6713 TYLER DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	WILKINS, JOHN L
STREET ADDRESS	515 DRACENA WAY
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/15/08-80001-021 150.00

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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: John L. Wilkins      John L. Wilkins      2/4/08      880 429-9757  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #