

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # V01121

1. Entity Name
RICHARD ARNOLD INSURANCE AGENCY INC.



Principal Place of Business

**711 VILLAGE BLVD
SUITE 101
WEST PALM BEACH, FL 33409**

Mailing Address

**711 VILLAGE BLVD
SUITE 101
WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0304959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARNOLD, RICHARD
711 VILLAGE BLVD
SUITE 101
WEST PALM BEACH, FL 33409**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARNOLD, RICHARD
711 VILLAGE BOULEVARD, SUITE 101
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000172734
01/06/05-80009-017 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2005

Date

561-686-6770

Daytime Phone #