

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90026 008 ***150.00

DOCUMENT # V60951

1. Entity Name

LAW OFFICES OF ROBERT J. ARNOLD, P.A.



Principal Place of Business

101 PLAZA REAL SOUTH
STE. 216
BOCA RATON, FL 33432 US

Mailing Address

5725 CORPORATE WAY
101
WEST PALM BEACH, FL 33407 US

2. Principal Place of Business - No P.O. Box #
1900 NW Corporate Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 400 E

Suite, Apt. #, etc.

02082008

Chg-P

CR2E034 (12/06)

City & State
Boca Raton, FL

City & State

4. FEI Number
65-0353681

Applied For
Not Applicable

Zip
33431

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, ROBERT J.
101 PLAZA REAL SOUTH
STE. 216
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
Arnold, Robert J.

Street Address (P.O. Box Number is Not Acceptable)
1900 NW Corporate Blvd

Suite 400 E

City
Boca Raton

FL

Zip Code
33431

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 reinstating)

DATE

3/9/08

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVP
ARNOLD, ROBERT J.
101 PLAZA REAL SOUTH, #216
BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVP
Arnold, Robert J.
1900 NW Corporate Blvd, Ste 400E
Boca Raton, FL 33431 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

3/8/08

Date

Daytime Phone #