

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 546341

**Entity Name:** ARNONE INC.

**Current Principal Place of Business:**

1 SE 4TH STREET  
LEE'S SUMMIT, MO 64063

**Current Mailing Address:**

1 SE 4TH STREET  
LEE'S SUMMIT, MO 64063

**FEI Number:** 59-1756911

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ARNONE, CHARLES V.  
3402 SW 2ND LANE  
CAPE CORAL, FL 33991 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ARNONE, CHARLES V  
Address        304 SE 5TH STREET  
City-State-Zip: LEE'S SUMMIT MO 64063

Title            EXECUTIVE VICE PRESIDENT  
Name            ARNONE , ANTHONY PAUL  
Address        34 WESTBURY DRIVE  
City-State-Zip: BELLA VISTA AR 72714

Title            VP, SECRETARY  
Name            STEWART, NICHOLAS ASTON  
Address        500 NW DONAVAN RD  
City-State-Zip: LEE'S SUMMIT MO 64063

Title            COO  
Name            STEWART, CHRISTIAN SEAN  
Address        9305 E. 103RD STREET  
City-State-Zip: KANSAS CITY MO 64134

Title            TREASURER  
Name            ARNONE, MICHELLE BEHSELICH  
Address        34 WESTBURY DRIVE  
City-State-Zip: BELLA VISTA AR 72714

Title            DIRECTOR  
Name            ARNONE, ANTHONY MICHAEL  
Address        304 SE 5TH STREET  
City-State-Zip: LEES SUMMIT MO 64063

Title            DIRECTOR  
Name            ALLEN, PATRICK SHAWN  
Address        35206 EAST DRINK WATER RD.  
City-State-Zip: LONE JACK MO 64070

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES V. ARNONE

**PRESIDENT**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date