

**2015 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.  
9000 US HIGHWAY 192  
CLERMONT, FL 34714 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            SECRETARY  
Name            COMER, SARA E  
Address        404 NW COTTONWOOD  
City-State-Zip: LEE'S SUMMIT MO 64064

Title            DIRECTOR  
Name            ADAMS, THOMAS W  
Address        823 NE MULBERRY STREET  
City-State-Zip: LEE'S SUMMIT MO 64063

Title            DIRECTOR  
Name            MCWHIRT, JAMES L  
Address        411 SE MAIN STREET  
City-State-Zip: LEE'S SUMMIT MO 64063

Title            VP  
Name            DI MAGGIO, RUSS  
Address        1 SE 5TH STREET  
City-State-Zip: LEE'S SUMMIT MO 64063

Title            DIRECTOR  
Name            SCHAFER, WERNER  
Address        575 NW 1421 RD  
City-State-Zip: HOLDEN MO 64040

Title            OFFICER  
Name            RISNER, NICOLE  
Address        406 HIGHLAND  
City-State-Zip: LEES SUMMIT MO 64063

Title            OFFICER  
Name            DIMAGGIO, MARY ANN  
Address        1 SE 5TH STREET  
City-State-Zip: LEES SUMMIT MO 64063

*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**

**04/01/2015**

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

\_\_\_\_\_  
Date