

2018 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 VP
Name DI MAGGIO, RUSSELL D
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 VP, TREASURER
Name THOMPSON, BRIGITTE MARIE
Address 616 MILLER 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 ARNONE, MICHELLE BEHSELICH
Address 34 WESTBURY DRIVE
City-State-Zip: BELLA VISTA AR 72714

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

04/12/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date