

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000021493

Entity Name: ALSOP, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

77 SARAGOSSA STREET  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1389  
SAINT AUGUSTINE, FL 32085

**New Mailing Address:**

FEI Number: 01-0772132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILLEBREW, JESSE P  
154 LAWN AVE  
ST. AUGUSTINE, FL 32084 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KILLEBREW, JESSE P  
Address: 154 LAWN AVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V  
Name: KILLEBREW, JESSICA E  
Address: 154 LAWN AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: JESSE KILLEBREW

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date