

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90045 021 ***150.00

DOCUMENT # P04000035400
 1. Entity Name
ALAN UNROE ENTERPRISES, INC.



Principal Place of Business: **837 CONKLIN CT CASSELBERRY FL 32707**
 Mailing Address: **837 CONKLIN CT CASSELBERRY FL 32707**



2. Principal Place of Business: **4014 Biscayne Drive**
 Suite, Apt. #, etc.

3. Mailing Address: **4014 Biscayne Drive**
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State: **Winter Springs, FL**
 Zip: **32708** Country: **USA**

City & State: **Winter Springs, FL**
 Zip: **32708** Country: **U.S.A**

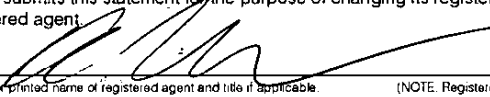
4. FEI Number: **14-1903671**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
UNROE, ALLEN
837 CONKLIN CT
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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:  DATE: **4/4/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PST <input type="checkbox"/> Delete	NAME: UNROE, ALLEN
STREET ADDRESS: 837 CONKLIN CT	CITY-ST-ZIP: CASSELBERRY FL 32707
TITLE: VP <input type="checkbox"/> Delete	NAME: UNROE, ALLEN
STREET ADDRESS: 837 CONKLIN CT	CITY-ST-ZIP: CASSELBERRY FL 32707
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Elizabeth Leavitt
STREET ADDRESS: 4014 Biscayne Drive	CITY-ST-ZIP: Winter Springs FL 32708
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **4/4/05** DAYTIME PHONE #: **4074354369**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR