


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90001 029 \*\*\*150.00

**DOCUMENT # P04000035400**

1. Entity Name  
**ALAN UNROE ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

**4014 BISCAYNE DRIVE**      **4014 BISCAYNE DRIVE**  
**WINTER SPRINGS, FL 32708**      **WINTER SPRINGS, FL 32708**

2. Principal Place of Business      3. Mailing Address

**650 Blue Park Rd**      **650 Blue Park Rd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Orange City FL**      **Orange City FL**

Zip      Country      Zip      Country

**32763**      **USA**      **32763**      **USA**



09102006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**14-1903671**      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 **9/11/06**

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**  
**Due by September 15, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST UNROE, ALLEN 837 CONKLIN CT CASSELBERRY, FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNROE, ALLEN 837 CONKLIN CT CASSELBERRY, FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEAVITT, ELIZABETH 4014 BISCAYNE DRIVE WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Allen Unroe 650 Blue Park Rd Orange City FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Allen Unroe 650 Blue Park Rd Orange City FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Unroe, Elizabeth 650 Blue Park Rd Orange City FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 titles empowered.

SIGNATURE: \_\_\_\_\_ DATE **9/11/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR