

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90083 018 ***150.00

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1. Entity Name
ALBERT & DAUGHTERS, INC.

Principal Place of Business
481 NE 3RD PL
CAPE CORAL, FL 33909 US

Mailing Address
4845 WHIFTLER GREEN CIRCLE
APT. # 8
NAPLE, FL 34116 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
481 NE 3RD PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-P CR2E034 (12/06)



City & State

City & State
CAPE CORAL FL

4. FEI Number
20-0886209

Applied For
Not Applicable

Zip

Country

Zip

Country

33909 U.S.

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

6. Name and Address of Current Registered Agent

HERNANDEZ, AUGUSTO A
481 NE 3RD PLACE
CAPE CORAL, FL 33909

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HERNANDEZ, AUGUSTO A
481 NE 3RD PLACE
CAPE CORAL, FL 33909 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #