

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S56220

1. Entity Name
ALD OF EAST CENTRAL FLORIDA, INC.



Principal Place of Business
2825 BUSINESS CENTER BLVD
SUITE A5
MELBOURNE, FL 32940 US

Mailing Address
2825 BUSINESS CENTER BLVD
SUITE A5
MELBOURNE, FL 32940 US

FILED
Mar 27, 2006 08:00 AM
Secretary of State



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3068404

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PFLUG, THOMAS E
6147 ARLINGTON CIRCLE
MELBOURNE, FL 32940

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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
DP
PFLUG, THOMAS E
6147 ARLINGTON CIRCLE
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PFLUG, DEBRA A
6147 ARLINGTON CIRCLE
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000480937
04/11/06 80012-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Debra A. Pflug* DEBRA A. PFLUG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-2006 321-254-0639

Date

Daytime Phone #