

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000053449

**Entity Name:** A.L. RESIDENTIAL, INC.

**Current Principal Place of Business:**

1514 1/2 E 8TH AVE  
TAMPA, FL 33605

**Current Mailing Address:**

5023 N FLORIDA AVE  
TAMPA, FL 33603

**FEI Number:** 82-5157897

**Certificate of Status Desired:** No

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

LEFLER, ANTHONY  
1514 1/2 E 8TH AVE  
TAMPA, FL 33605 US

*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

**Officer/Director Detail :**

Title P  
Name LEFLER, ANTHONY  
Address 1514 1/2 E 8TH AVE  
City-State-Zip: TAMPA FL 33605

Title S  
Name BARBON, MANUEL R II  
Address 1514 1/2 E 8TH AVE  
City-State-Zip: TAMPA FL 33605

Title T  
Name PARRADO, CHRISTOPHER  
Address 1514 1/2 E 8TH AVE  
City-State-Zip: TAMPA FL 33605

*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:** ANTHONY LEFLER

PRESIDENT

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date