


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 158607 1. Entity Name ALCLIFF INVESTMENT COMPANY	
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Principal Place of Business 502-10 N HOGAN ST JACKSONVILLE, FL 32202 US	Mailing Address C/O CHARLES C SMITH JR 4985 ARAPAHOE AVE JACKSONVILLE, FL 32210 US
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6057618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**SMITH, CHARLES C JR
4985 ARAPAHOE AVE
JACKSONVILLE, FL 32210**

**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

2/10/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	VPD ULMER, THOMAS P. 2970 ST JOHNS AVENUE JACKSONVILLE, FL 32205
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SMITH, CHARLES C JR 4985 ARAPAHOE AVE. JAX, FL 32210
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD GUILLEBEAU, MARTHA 7944 LIMOGES DRIVE SOUTH JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/12/05-80039-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/05