
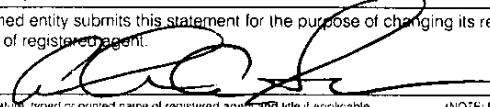
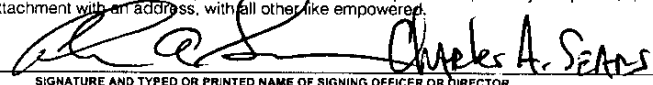


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 040 ***150.00

DOCUMENT # 158607 1. Entity Name ALCLIFF INVESTMENT COMPANY					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Charles Sears			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2011 Gibson Rd			
City & State		City & State Jacksonville FL			
Zip	Country	Zip	Country		
32207	USA				
6. Name and Address of Current Registered Agent SMITH, CHARLES C JR 4985 ARAPAHOE AVE JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Charles A Sears Street Address (P.O. Box Number is Not Acceptable) 2011 Gibson Rd City Jacksonville FL Zip Code 32207	
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  1-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, CHARLES C JR 4985 ARAPAHOE AVE. JAX, FL 32210 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GUILLEBEAU, MARTHA 7944 LIMOGES DRIVE SOUTH JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEARS, CHARLES A 2011 GIBSON ROAD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paulis, Blanche 1782 Whiteside Mountain Rd Highlands, NC 28741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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 like empowered.					
SIGNATURE:  Charles A. Sears 1/16/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40007735



01112008 Chg-P CR2E034 (12/06)

4. FEI Number
59-6057618

Applied For
Not Applicable

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