2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 282188

Entity Name: AL-PO OF VERO, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

675 4 ST 3317 15TH STREET P O BOX 1122 VERO BCH, FL 32960

VERO BCH, FL 32961

Current Mailing Address: New Mailing Address:

675 4 ST P.O. BOX 1122

P O BOX 1122 VERO BCH, FL 32961

VERO BCH, FL 32961

FEI Number: 59-1052375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BARTLETT, ALFRED BARTLETT, ALFRED A
1956 COMMERCE AVE 3317 15TH STREET

VERO BEACH, FL 32960 US VERO BEACH, FL 32960 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: ALFRED BARTLETT 04/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: BARTLETT, ALFRED A. Name: BARTLETT, ALFRED A

 Name:
 BARTLETT, ALFRED A,
 Name:
 BARTLETT, ALFRED A

 Address:
 1966 COMMERCE AVE.
 Address:
 3317 15TH STREET

 City-St-Zip:
 VERO BEACH, FL 00000,
 City-St-Zip:
 VERO BEACH, FL 32960

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 BARTLETT, POLLY R,
 Name:
 BARTLETT, POLLY R

 Address:
 1966 COMMERCE AVE.
 Address:
 3317 15TH STREET

 City-St-Zip:
 VERO BEACH, FL 00000,
 City-St-Zip:
 VERO BEACH, FL 32960

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 BARTLETT, POLLY R,
 Name:
 BARTLETT, POLLY R

 Address:
 1966 COMMERCE AVE.
 Address:
 3317 15TH STREET

 City-St-Zip:
 VERO BEACH, FL 00000,
 City-St-Zip:
 VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: POLLY R BARTLETT VP 04/06/2005