

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 345162

1. Entity Name  
ALDEN ENTERPRISES, INC.



Principal Place of Business  
5900 GULF BOULEVARD  
ST PETERSBURG BEACH, FL 33706 US

Mailing Address  
5900 GULF BOULEVARD  
ST PETERSBURG BEACH, FL 33706 US



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1258786

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RENFROW, ROBERT G  
5900 GULF BOULEVARD  
ST PETERSBURG BEACH, FL 33706

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE VD  
NAME FEATHERSTONE, ROBERT D  
STREET ADDRESS 5900 GULF BOULEVARD  
CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706

TITLE PD  
NAME RENFROW, ROBERT G  
STREET ADDRESS 5900 GULF BOULEVARD  
CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706

TITLE SD  
NAME RENFROW, GENNIFER J.  
STREET ADDRESS 5900 GULF BOULEVARD  
CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706

TITLE D  
NAME RENFROW-CLAFFEY, LEIGH O  
STREET ADDRESS 5900 GULF BLVD.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE D  
NAME IBARGUEN, JENNIFER A  
STREET ADDRESS 5900 GULF BLVD.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000577163  
01/08/07-80005-015 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #