2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # 693340 1. Entity Name ALANDCO INC.						03-10-2005	90164 040) ***150),00	
Principal Plac 700 UNIVER ATTN: DENN JUNO BEACH	SE BLVD IS P COYLE	Mailing Address 700 UNIVERSE BLVD. ATTN: COYLE, DENNIS, P JUNO BEACH, FL 33408 US				e 1878 yildə inii giən əbi		0247	(03) # 1501	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022005	Chg-P	CR2E034		<u>.</u>	
City & State		City & State			4. FEI Numb 59-212			 	plied For Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	* 6. Name and Address of Current	Registered Agent	ed Agent – Name			7. Name and Address of New Registered Agent				
	T FLAGLER STREET		Street Addre			(P.O. Box Number is Not Acceptable)				
MIAMI, FL	33174									
				City			FL	Zip Code	,	
the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am fa	miliar with, a	and accept	
SIGNATURE.	when reinstating)		DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu					.00 May Be led to Fees					
10.	OFFICERS AND	DIRECTORS			ADDITIONS.	CHANGES TO OFF	ICERS AND D	PECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	T CUTLER, PAUL I 700 UNIVERSE BLVD JUNO BEACH, FL 33408	☐ Delete		l l			ĺ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COYLE, DENNIS P 700 UNIVERSE BLVD JUNO BCH, FL 33408	☐ Delete:		l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLEHER, LAWRENCEE J DP 700 UNIVERSE BLVD JUNO BEACH, FL 33408	Defete .		l l		·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAS COLLINS, STEPHEN M 700 UNIVERSE BLVD JUNO BEACH, FL 33408	☐ Delete		l l			(☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC ISABELLA, FRANK V 700 UNIVERSE BLVD JUNO BEACH, FL 33408	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	E ET ADDRESS - ST-ZIP				☐ Change	Addition	
12. Thereby certify that the information supplied with this filling 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 accorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cohoration or the receiver or trustee embowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter do not be appeared to an active subject to the processor.										

02/07/05 Date Dennis P. Coyle (561) 694-4644 Daylime Phone #

11.65