

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90039 030 ****61.25

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01122005 Chg-NP CR2E037 (10/03)

DOCUMENT # 710908 1. Entity Name ALCO AN CLUB, INC.					
Principal Place of Business 654 BROADWAY AVE ORLANDO, FL 32803 - - - -				Mailing Address 654 BROADWAY AVE ORLANDO, FL 32803 - - - -	
2. Principal Place of Business 310 E. Colonial Dr. Suite, Apt. #, etc.		3. Mailing Address 310 E. Colonial Dr. Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-1144012	
Zip 32801-1206		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, GEORGE 654 BROADWAY AVE ORLANDO, FL 32803 -				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLOOD, JOSEPH <input type="checkbox"/> Delete 654 BROADWAY AVE ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 310 E. Colonial Dr. Orlando, FL 32801-1206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNS, TIM <input checked="" type="checkbox"/> Delete 654 BROADWAY AVE ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUQUA, JEFF <input type="checkbox"/> Delete 654 BROADWAY AVE ORLANDO, FL 32803 -		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeffry B. Fuqua 310 E. Colonial Dr. Orlando, FL 32801-1206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NASH, BETH <input type="checkbox"/> Delete 654 BROADWAY AVE - - ORLANDO, FL 32803 - - - -		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 310 E. Colonial Dr. Orlando, FL 32801-1206	
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 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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-25-05 407/420-9008 <small>Date Daytime Phone #</small>		

Jeffry B. Fuqua, PD