
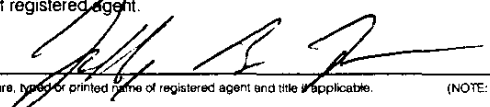
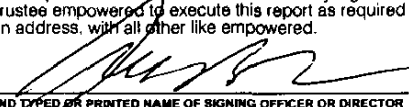


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90050 044 \*\*\*\*61.25

<b>DOCUMENT # 710908</b> 1. Entity Name <b>ALCO AN CLUB, INC.</b>					
Principal Place of Business <b>310 E. COLONIAL DR ORLANDO, FL 32801-1206</b>			Mailing Address <b>310 E. COLONIAL DR ORLANDO, FL 32801-1206</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1144012</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SMITH, GEORGE 310 E. COLONIAL DR ORLANDO, FL 32801-1206</b>			7. Name and Address of New Registered Agent Name <b>JEFFRY B. FUQUA</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 FERGUSON DRIVE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32805</b>		
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  <span style="float: right;">2-09-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLOOD, JOSEPH 310 E. COLONIAL DR ORLANDO, FL 328011206	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUQUA, JEFFRY B 310 E. COLONIAL DR ORLANDO, FL 328011206	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NASH, BETH 310 E. COLONIAL DR ORLANDO, FL 328011206	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ECKER, SHARON 310 E. COLONIAL DRIVE ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ECKER, SHARON 310 E. COLONIAL DRIVE ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ECKER, SHARON 310 E. COLONIAL DRIVE ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ECKER, SHARON 310 E. COLONIAL DRIVE ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" 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 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.					
<b>SIGNATURE:</b>  <span style="float: right;">2-09-07 407-293-1562</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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