2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F07000002182

1. Entity Name
AMERICAN CONSOLIDATED BUSINESS OWNERS ALLIANCE, INC.

Principal Place of Business	Mailing Address
250 E. PARK AVE. LAKE WALES, FL 33853	250 E. PARK AVE. LAKE WALES, FL 33853

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02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4204728
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAFF, TULA M.
3399 CYPRESS GARDENS RD., STE. C
WINTER HAVEN, FL 33884

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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RUMFELT, THOMAS B.
STREET ADDRESS	250 E. PARK AVE.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VC
NAME	SHAW, HUGH D.
STREET ADDRESS	250 E. PARK AVE.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	BRADLEY, HELENE
STREET ADDRESS	250 E. PARK AVE.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/08-80093-011 61.25

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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.

SIGNATURE: Helene Bradley HELENE M. BRADLEY 02/12/08 (863)676-1681 x1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #