2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED May 02, 2005 08:00 AM Secretary of State DOCUMENT # F35665 1. Entity Name ALI-ROB, INC. Principal Place of Business Mailing Address 129 CARMALITA ST. PUNTA GORDA FL 33950 129 CARMALITA ST. PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 59-2107861 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARLEY, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 409 POMPANO TERR. PUNTA GORDA FL 33950 City 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 argnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete THE TITLE ☐ Change Addition BARLEY, MICHAEL J. NAME NAME U00000353000 409 POMPANO TERR. STREET ADDRESS **JIREET ADDRESS** 05/03/05-80046-025 150.00 CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME BARLEY-NOVAK, ALICE NAME 21188 BURKHART DR. **STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARLEY, LINDA C N/ME STREET ADDRESS 409 POMPNAO TERRACE STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE Change [Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP Cliny-SI-ZIP TITLE ☐ Delete THRE ☐ Change ☐ Addition NAME NAME UTREET ADOREGS STREET ADDRESS Litt-SI-7tP effy-Sf-ZiP 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 suppliemental 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 receivery 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 execute the empowered.

OF SIGNING OFFICER OR DIRECTOR

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