## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2006 08:00 AM **Secretary of State DOCUMENT # G19358** 1. Entity Name ALBERS & ASSOCIATES, INC. Principal Place of Business Mailing Address 1026 ORANGE GROVE LANE APOPKA FL 32712-2141 US 1026 ORANGE GROVE LANE 620 CROWN OAK CENTRE DR APOPKA FL 32712-2141 2. Principal Place of Business 3. Mailing Address Suite. Apt. ff, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2258722 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBERS, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 1026 ORANGE GROVE LANE APOPKA FL 32712 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 (NOTE Registered Agent signature required when roun-lating) ered agent and little it applicable FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS to. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ₩Œ ☐ Change ☐ Addition NAME ALBERS, THOMAS G. NAME U00000484087 STREET ADDRESS 1026 ORANGE GROVE LANE STREET ADDRESS 04/12/06-80024-019 150.00 CITY-ST-ZIP APOPKA FL CITY-ST-ZP TITLE Delete HILE ☐ Change Addition 1 NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP HTE Detete ulif ☐ Change Addition NAME MARA STREET ADDRESS STREET ADDRESS CHY-ST-IN CUTY-ST-ZIP MLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-TOP CITY-ST-ZIP TITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP THE Delete WE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C114-21-319

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Slock 10 or Block 11 if changed, or on an attachment with an address, with all piner like ampowered.

SIGNATURE:

**FILED**