2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90277 025 ***150.00

DOCUMENT # G92498

1. Entity Name
ALIFF, BOWMAN, SPRAYBERRY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3871 D TAMIAMI TR. PORT CHARLOTTE, FL 33952	3871 D TAMIAMI TR. PORT CHARLOTTE, FL 33952

02102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
25418 E. MARION AVENUE	25418 E. MARION AVENUE
Suite, Apt. #, etc.: UNIT 4	Suite, Apt. #, etc.: UNIT 4
City & State: PUNTA GORDA, FL	City & State: PUNTA GORDA, FL
Zip: 33950 Country: USA	Zip: 33950 Country:

4. FEI Number: 59-2412425 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DENNELER, MAURY F 3871 D. TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	Name: DENNELER, MAURY F. Street Address (P.O. Box Number Is Not Acceptable): 25418 E. MARION AVENUE. UNIT 4 City: PUNTA GORDA FL Zip Code: 33950

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] 3-15-05 ✓
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DENNELER, MAURY F 3871 D TAMIAMI TRAIL PORT CHARLOTTE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DENNELER, MAURY F 25418 E. MARION AVENUE. UNIT 4 PUNTA GORDA FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DENNELER, MAURY F. 3871 D TAMIAMI TR. PORT CHARLOTTE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DENNELER, MAURY F 25418 E. MARION AVENUE. UNIT 4 PUNTA GORDA, FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BERKEY, JERI D 3871 D TAMIAMI TRIAL PORT CHARLOTTE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BERKEY, JERI D 25418 E. MARION AVENUE. UNIT 4 PUNTA GORDA, FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DENNELER, MAURY F 3871 D TAMIAMI TRAIL PORT CHARLOTTE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DENNELER, MAURY F 25418 E MARION AVENUE. UNIT 4 PUNTA GORDA, FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 607, 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: ✓ [signature] 3-15-05 ✓ ✓941-2583013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #