

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90241 044 ***150.00

DOCUMENT # J32447

1. Entity Name

ALITIGER ENTERPRISES, INC.



Principal Place of Business

**30 VAGABOND LANE
HOB0 ACRES
WINTER HAVEN FL 33881**

Mailing Address

**30 VAGABOND LANE
HOB0 ACRES
WINTER HAVEN FL 33881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2727314

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

**MCKIBBEN, JEFF J.
1009 HIGHWAY 17, NORTH
WAUCHULA FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **VON HAHMANN, KENNETH M.**
STREET ADDRESS **30 VAGABOND LANE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **P** ☐ Delete
NAME **HICKS, LEE S.**
STREET ADDRESS **400 MCLEOD ROAD**
CITY-ST-ZIP **HARTSVILLE SC**

TITLE **D** ☐ Delete
NAME **HICKS, WADE HAMPTON III**
STREET ADDRESS **400 MCLEOD ROAD**
CITY-ST-ZIP **HARTSVILLE SC**

TITLE **TD** ☐ Delete
NAME **VON HAHMANN, KENNETH M JR**
STREET ADDRESS **1999 LEISURE DR NW**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **VD** ☐ Delete
NAME **VON HAHMANN, KARL G**
STREET ADDRESS **200 EL CAMINO DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VON HAHMANN, Kenneth M**
STREET ADDRESS **67 Alachua Dr.**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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: *K.M. von Hahmann* **K.M. VON HAHMANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06

Date

863-324-6053

Daytime Phone #