

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2007 08:00 AM
Secretary of State

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



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2727314**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000626050
02/15/07-80004-022 150.00

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

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

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

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

TITLE
NAME
TD
VON HAHMANN, KENNETH M ☐ Delete
STREET ADDRESS
67 ALACHUA DR
CITY - ST - ZIP
WINTER HAVEN FL 33884

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

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

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 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

1-31-07

863-324-6053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #