


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 040 ***150.00

DOCUMENT # K81739		
1. Entity Name A & L OF ORLANDO, INC.		

Principal Place of Business P.O. BOX 2589 NEW SMYRNA BEACH, FL 32170	Mailing Address P.O. BOX 2589 NEW SMYRNA BEACH, FL 32170
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2. Principal Place of Business 226 N. NOVA RD Suite, Apt. #, etc. SUITE 387 City & State ORMOND BEACH, FL Zip 32174 Country U.S.	3. Mailing Address 226 N. NOVA RD Suite, Apt. #, etc. SUITE 387 City & State ORMOND BEACH, FL Zip 32174 Country U.S.
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03292006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2947654	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUGGAN, DEBORAH 3203 LIME DR EDGEWATER, FL 32141

7. Name and Address of New Registered Agent Name BRIAN P. SPARROW Street Address (P.O. Box Number is Not Acceptable) 5 SHAWNEE TR City ORMOND BEACH FL Zip Code 32174
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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 BRIAN P. SPARROW Signature, typed or printed name of registered agent and title if applicable.	PRESIDENT 4-4-06 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPARROW, BRIAN P 5 SHAWNEE TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUGGAN, DEBORAH 2624 UMBRELLA TREE DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X BRIAN P. SPARROW PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-4-06 386-566-6518 Date Daytime Phone #