

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L80457**

1. Entity Name  
**A L O A, INC.**



Principal Place of Business  
**4596 SE MARICAMP RD  
OCALA FL 34472  
US**

Mailing Address  
**2435 NE 16TH AVE  
OCALA FL 32670**



2. Principal Place of Business - No P.O. Box #  
**4596 SE Maricamp Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**2435 NE 16th Ave**  
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State  
**Ocala, FL**  
Zip  
**34480**  
Country  
**Marion**

City & State  
**Ocala, FL**  
Zip  
**34470**  
Country  
**Marion**

4. FEI Number **59-3033289**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOSSMAN, FAYE  
2435 NE 16TH AVENUE  
OCALA FL 32670**

**7. Name and Address of New Registered Agent**

Name **Mossman, Faye**  
Street Address (P.O. Box Number is Not Acceptable)  
**2435 NE 16th Ave**  
City **Ocala** FL Zip Code **34470**

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 **Faye Mossman, Pres (FAYE Mossman)**  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered agent signature required when reappointing)

**4/6/08**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST MOSSMAN, FAYE 2435 NE 16TH AVE OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD FOGEL, WENDY G 2435 NE 16 AV OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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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 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 **Faye Mossman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Electronic Filing #