
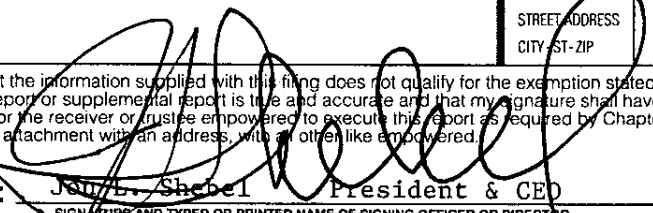


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90067 029 ***150.00

DOCUMENT # P00000017849					
1. Entity Name ALLIANCE FOR FLORIDA'S ECONOMY, INC.					
Principal Place of Business 516 NORTH ADAMS STREET TALLAHASSEE FL 32302			Mailing Address P.O. BOX 10213 TALLAHASSEE FL 32302		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3624884	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STILES, MARY ANN ESQ. 315 PLANT AVENUE TAMPA FL 33606				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	C	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLADE, TOM		NAME	Stephen B. Trickey	
STREET ADDRESS	200 W COLLEGE AVENUE SUITE 308		STREET ADDRESS	P.O. Box 10213	
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	Tallahassee, FL 32302	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MARIAN P		NAME	Robert D. McRae	
STREET ADDRESS	P.O. BOX 10213		STREET ADDRESS	P.O. Box 10213	
CITY-ST-ZIP	TALLAHASSEE FL 32302		CITY-ST-ZIP	Tallahassee, FL 32302	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, BARNEY		NAME		
STREET ADDRESS	501 E TANNESSEE ST., STE A		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YON, DAVID P		NAME		
STREET ADDRESS	P.O. BOX 10213		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32302		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEBEL, JON L		NAME		
STREET ADDRESS	PO BOX 10213		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32302		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an other like empowered.					
SIGNATURE: 			03/26/04 (850) 224-7173		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		