

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90060 031 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3624884

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

**PERDUE, PAMELA I
317 NORTH CALHOUN STREET
TALLAHASSEE, FL 32301**

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**

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 VP ☐ Delete
NAME SLADE, TOM
STREET ADDRESS 200 W COLLEGE AVENUE SUITE 308
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

TITLE VP ☐ Delete
NAME TRICKEY, STEPHEN B
STREET ADDRESS P.O. BOX 10213
CITY-ST-ZIP TALLAHASSEE, FL 32302

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

TITLE P ☐ Delete
NAME BISHOP, BARNEY T III
STREET ADDRESS 516 NORTH ADAMS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32302

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

TITLE T ☐ Delete
NAME MCRAE, ROBERT D
STREET ADDRESS P.O. BOX 10213
CITY-ST-ZIP TALLAHASSEE, FL 32302

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

TITLE PCEO ☐ Delete
NAME SHEBEL, JON L
STREET ADDRESS PO BOX 10213
CITY-ST-ZIP TALLAHASSEE, FL 32302

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

TITLE S ☐ Delete
NAME SHEBEL, JON L
STREET ADDRESS PO BOX 10213
CITY-ST-ZIP TALLAHASSEE, FL 32302

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2007

Date

(850)224-7173

Daytime Phone #