


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90082 032 ***150.00

DOCUMENT # P00000101167 1. Entity Name A.L.P. TOURS, INCORPORATED					
Principal Place of Business 14583 102ND AVE SEMINOLE, FL 33774			Mailing Address 14583 102ND AVE. NORTH LARGO, FL 33774		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GALLACE, ALICE 14583 102ND AVE SEMINOLE, FL 33774 LARGO FL			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GALLACE, ALICE M 14583 102ND AVE SEMINOLE, FL 33774 LARGO FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GALLACE, POMPEO 14583 102ND AVE SEMINOLE, FL 33774 LARGO FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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 all other like empowered.					
SIGNATURE: <u><i>Alice M Gallace</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>Aug 11-2005 77593-3332</i></u> <small>Date Daytime Phone #</small>		

50061696



08022005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3506515** Applied For
Not Applicable

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



ATTACHMENT

SD061696

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 2, 2005

MR. K. H. ENGDAHL & ASSOCIATES, INC.
3590-H MAGNOLIA RIDGE CIRCLE
PALM HARBOR, FL 34684

SUBJECT: A.L.P. TOURS, INCORPORATED
Ref. Number: P00000101167

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

- Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 705A00049772

ATTACHMENT

P00000101167 Aug 18-2005.
SP 06/16/96
TO Whom IT MAY CONCERN,

PLEASE BE ADVISED THAT I will be out
of the country Aug 10 - Oct 18, 2005, so
that if you have ANY CORRESPONDANCE
OR questions pertaining this document
my ACCOUNTANT is; MR K. H. ENGDALL &
ASSOCIATES INC. 3590-H MAGNOLIA RIDGE
CIRCLE - PALM HARBOR, FL. 34684. (727) 787-
7140. HE will TAKE CARE OF whatever has
TO be done.

Thank-You Kindly,
Alice M Gallace
ALP Tours Inc.
727-593-3339.



ATTACHMENT 57061694
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Division of Corporations

Annual Report

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Business Entity Name

A.L.P. TOURS, INCORPORATED

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593506515

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

14583 102ND AVE

Suite, Apt. #, etc.

City, State

LARGO

FL

Zip Code & Country

33774

Mailing Address

Address

14583 102ND AVE. NORTH

Suite, Apt. #, etc.

City, State

LARGO

FL

Zip Code & Country

33774

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

GALLACE

ALICE

-or- RA Business Name

Address (PO Box is not acceptable)

14583 102ND AVE

Suite, Apt. #, etc.

City, State

LARGO

FL

Zip Code & Country

33774

US

If there is a change in registered agent, the new agent will need to type their name

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in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	PS
Name (Last, First, Middle, Title)	GALLACE ALICE M
-or- Entity Name	
Street Address	14583 102ND AVE
City, State	LARGO FL
Zip Code & Country	33774
Title	VPT
Name (Last, First, Middle, Title)	GALLACE POMPEO
-or- Entity Name	
Street Address	14583 102ND AVE
City, State	LARGO FL
Zip Code & Country	33774
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	

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City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

RS

Alice M. Wallace

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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