

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000112118

1. Entity Name
ALLIANCE INVESTMENT & MANAGEMENT COMPANY,
INC.



Principal Place of Business
3401 N LAKEVIEW DRIVE
TAMPA, FL 33618

Mailing Address
3401 N LAKEVIEW DRIVE
TAMPA, FL 33618



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3682678

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HESTER, ROBIN M
3150 MORAN ROAD
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000072960
03/02/04-80015-012 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MEANS, JAMES D
STREET ADDRESS P.O. BOX 775
CITY-ST-ZIP GORHAM, MA 04038

TITLE D
NAME HESTER, ROBIN M
STREET ADDRESS 3150 MORAN ROAD
CITY-ST-ZIP TAMPA, FL 33618

TITLE D
NAME MEANS, JOANN
STREET ADDRESS P.O. BOX 775
CITY-ST-ZIP GORHAM, MA 04038

TITLE D
NAME HESTER, THURMAN JR
STREET ADDRESS 3150 MORAN ROAD
CITY-ST-ZIP TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Robin M. Hester* ROBIN M. HESTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04 813-908-6175
Date Daytime Phone #