

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90019 026 ***150.00

DOCUMENT # P01000015379

1. Entity Name
ALDERMAN LAND CLEARING & DEVELOPMENT, INC.



Principal Place of Business
~~201 SOUTH BRIDGE ST~~
LABELLE, FL 33935

Mailing Address
P O BOX 404
LA BELLE, FL 33975

40092443



2. Principal Place of Business
335 SILVER LAKE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052006 Chg-P CR2E034 (11/05)

City & State
LABELLE FL

City & State

4. FEI Number
65-1150398

Applied For
Not Applicable

Zip Country
33935 USA

Zip Country

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

6. Name and Address of Current Registered Agent

ALDERMAN, JENNIFER
281 S BRIDGE ST
LABELLE, FL 33935

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

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE **P** ☐ Delete
NAME **ALDERMAN, DALE J**
STREET ADDRESS **281 S BRIDGE ST**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE **VP** ☐ Delete
NAME **ALDERMAN, JENNIFER**
STREET ADDRESS **281 S BRIDGE ST**
CITY-ST-ZIP **LABELLE, FL 33935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Jennifer Alderman / Jennifer Alderman x 05/06/06 x 863-675-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #