


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000083529

1. Entity Name
**ALTAMONTE INVESTMENT CORPORATION OF
CENTRAL FLORIDA**

Ashley of SV



Principal Place of Business
**693 S. WYMORE ROAD
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**4420 FM 1960 WEST
STE 224
HOUSTON, TX 77068**

DO NOT WRITE IN THIS SPACE



D1052006 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3012418

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

Applied For
Not Applicable

5. Name and Address of Current Registered Agent

**KEATING, JOHN K
749 N GARLAND AVE, SUITE 101
ORLANDO, FL 32801**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000410615
02/09/06-80044-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALEMPATI, KRISHNA
STREET ADDRESS	244 E CEDAR DR
CITY-ST-ZIP	PIKEVILLE, KY 41501
TITLE	D
NAME	MALEMPATI, SRIHARI
STREET ADDRESS	178 WALNUT DR
CITY-ST-ZIP	PIKEVILLE, KY 41501
TITLE	D
NAME	BLACKMON, SAILAJA M
STREET ADDRESS	1506 N MARLIN DR
CITY-ST-ZIP	MARION, IN 46952
TITLE	D
NAME	KEATING, JOHN K
STREET ADDRESS	749 N GARLAND AVE, SUITE 101
CITY-ST-ZIP	ORLANDO, FL 32801
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

Date _____ Daytime Phone # _____