2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086703

Name:

Address:

City-St-Zip:

CONZETT, CAREY M

2548 COUNTRYSIDE PINES DR

CLEARWATER, FL 33761

FILED Jan 05, 2006 Secretary of State

Entity Nar	ne: ALWA	/S DUN RITE, INCORPORATED			
Current P	rincipal Pla	ce of Business:	New Principal Place	New Principal Place of Business:	
5817 PARK ST. N 203 ST. PETERSBURG, FL 33709				2548 COUNTRYSIDE PINES DR CLEARWATER, FL 33761	
	ailing Addı		New Mailing Address	New Mailing Address:	
	NTRYSIDE ATER, FL 33				
FEI Number:	51-0419984	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
RONALD, 5817 PARK 203 ST. PETER	(ST. N	_ 33709 US		GERALD, COLLIS 2548 COUNTRYSIDE PINES DR CLEARWATER, FL 33761 US	
The above in the State	named entite of Florida.	y submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: GERAL	.D COLLIS		01/05/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Finand	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		()Delete RALD A IRYSIDE PINES DR ER, FL 33761	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COLLIS, RO 5817 PARK		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GERALD COLLIS Ρ 01/05/2006