

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000020457

1. Entity Name  
ALLEGIANCE HOLDINGS, INC.



Principal Place of Business

1601 JACKSON STREET  
104  
FORT MYERS, FL 33901

Mailing Address

1601 JACKSON STREET  
104  
FORT MYERS, FL 33901



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1153163

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENE & TISCHLER, P.A.  
2503 DEL PRADO BOULEVARD S.  
402  
CAPE CORAL, FL 33904

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BERNARDO, JOSEPH J  
1601 JACKSON STREET, STE. 104  
FORT MYERS, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
GREENE, ROBERT V  
2503 DEL PRADO BOULEVARD S.  
CAPE CORAL, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TR.  
AGOSTINELLI, ROBERT  
1311 SE 32ND STREET  
CAPE CORAL, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000333802  
04/27/05-80019-005 150.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

239-332-3000

Daytime Phone #