

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060217

FILED
Apr 26, 2007
Secretary of State

Entity Name: AL & ASSOCIATES OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

2692 US 1 SOUTH
SUITE 205
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

15 PIERCE LN
PALM COAST, FL 32164

Current Mailing Address:

2692 US 1 SOUTH
SUITE 205
ST. AUGUSTINE, FL 32086

New Mailing Address:

15 PIERCE LN
PALM COAST, FL 32164

FEI Number: 57-1174406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKINLEYE, ALBERT
2692 US 1 S
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

AKINLEYE, ALBERT
15 PIERCE LN
PALM COAST, FL 32164 US

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.

SIGNATURE: AKINLEYE

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: AKINLEYE, ALBERT
Address: 2692 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: AKINLEYE, ALBERT
Address: 2692 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: AKINLEYE, ALBERT
Address: 15 PIERCE LN
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Change () Addition
Name: AKINLEYE, ALBERT
Address: 15 PIERCE LN
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: AKINLEYE

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date