2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000060217

1. Entity Name

AL & ASSOCIATES OF ST. AUGUSTINE, INC.



FILED Mar 24, 2008 08:00 All Secretary of State

Principal Place of Business

15 PIERCE LN

PALM COAST, FL 32164

Mailing Address

15 PIERCE LN

PALM COAST, FL 32164



DO NOT WRITE IN THIS SPACE

03202008 No Chg-P CR2E034 (11/05)

Applied For

57-1174406

5. Certificate of Status Desired

Not Applicable

ired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKINLEYE, ALBERT 15 PIERCE LN PALM COAST, FL 32164 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 Agen		ed Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			
10.	OFFICERS AND DIRECTORS		
TITLE	PVST		
NAME	AKINLEYE, ALBERT		
STREET ADDRESS CITY-ST-ZIP	15 PIERCE LN PALM COAST, FL 32164		
	D		Li00000868088
TITLE Name	AKINLEYE, ALBERT		04/08/08-90096-018 150:00
STREET ADDRESS	15 PIERCE LN		
CITY-ST-ZIP	PALM COAST, FL 32164		
TITLE			
NAME			
STREET ADDRESS		l	NOT WRITE
CITY-ST-ZIP			
TITLE NAME		INT	HIS SPACE
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NAME			
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CITY-ST-ZIP		_	
TITLE,			
NAME STREET ADDRESS			
CITY-ST-ZIP			
STREET ADDRESS 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 by 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 artischment with an address, with all other like empowered.

SIGNATURE

Albert Akinleye

3/20/2008 904-501-274