

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90365 022 ***150.00

DOCUMENT # P03000128185

1. Entity Name
THE ALLIANCE CONNECTION, INC.



Principal Place of Business
**6277 S. CR 349
BRANFORD, FL 32008 US**

Mailing Address
**6277 S. CR 349
BRANFORD, FL 32008 US**

2. Principal Place of Business
6277 S. SR 349
Suite, Apt. #, etc.

3. Mailing Address
6277 S. SR 349
Suite, Apt. #, etc.

City & State
Branford, FL
Zip
32008 Country
Lafayette

City & State
Branford, FL
Zip
32008 Country
Lafayette



04012006 Chg-P CR2E034 (11/05)

4. FEI Number **562419809** Applied For
APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent

**ARNOLD, LANA K
6277 S. CR 349
BRANFORD, FL 32008**

7. Name and Address of New Registered Agent

Name **Lana K. Arnold**
Street Address (P.O. Box Number is Not Acceptable)
6277 S. State Rd. 349
City **Branford** FL Zip Code **32008**

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 **Lana Arnold** **Lana Arnold** **3/31/06**
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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ARNOLD, LANA K 6277 S. CR 349 BRANFORD, FL 32008 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ARNOLD, DAVID W 6277 S. CR 349 BRANFORD, FL 32008 | <input checked="" type="checkbox"/> Delete Deceased |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEC TOWNSEND, PATRICIA L RT. 2 BOX 2919 BELL, FL 32619 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V-P Patricia L. Townsend Rt # 2 Box 2919 Bell Fl. 32619 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEC Karen Sinderson 205 SW Twig Ct. Lake City FL 32004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Lana Arnold** **3/31/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #