2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000136274** 03-31-2008 90003 046 ***150.00 ALAN'S LAND CLEARING, INC. Principal Place of Business Mailing Address 6106 STAFF RD. 6106 STAFF RD. CRESTVIEW, FL 32536-4306 CRESTVIEW, FL 32536-4306 2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 03192008 CR2E034 (12/08) Cha-P Applied For City & State City & State 4. FEI Number 37-1479910 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGERS, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 6106 STAFF RD. CRESTVIEW, FL 32536-4306 Zlp Code 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. 3-58-08 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 8. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete Addition TITLE TITLE Change ROGERS, RICHARD A NAME -NAME STREET ADDRESS 6106 STAFF RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRESTVIEW, FL 325364306** VT Delete TITLE ☐ Change Addition ROGERS, MELODIE L NAME NAME STREET ADDRESS 6106 STAFF RD. STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 325384306 CITY-ST-ZIP ☐ Delete TITLE TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CCTY-ST-7IP Delete TITLE TITLE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP 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 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. Richard A. Rogers SIGNATURE:

MONATURE AND TYPED OR POINTED NAME OF MONING OFFICER OR DIRECTOR

FILED

Mar 31, 2008 8:00 am

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