2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000010061



FILED Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90337 024 ***150.00

ALI PROM		S, INC.	• • •		138							
Principal Place 101 W. CENT LAKE WALES,	RAL AVE.		101 \	Mailing Address 101 W. CENTRAL AVE. LAKE WALES, FL 33853 US						500	9400	177
2. Principal Place of Business 3				3. Mailing Address								
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				02262005	Chg-P	CR2E034 (10/03)	
City & State	е		City	City & State				4. FEI Numbe	76498			plied Fo
Zip	Zip Country			Zip Coun					of Status Desired		75 Add Required	titional
-	6Name	and Address of Cui	rent Registere	Agent	Name			7. Name and	Address of New I	Registered Ager	it	
JOHNSEY, LINDA S 101 W. CENTRAL AVE. LAKE WALES, FL 33853						Street Address (P.O. Box Number is Not Acceptable)						
						City FL Zip Code						8
	named entiti ions of regist	y submits this statemi lered agent.	ent for the purpo	ose of changing its r	egistered	office or	register	ed agent, or bot	h, in the State of Fl	orida. I am famil	iar with,	and acr
SIGNATORIE	Signature, typed	or printed name of registered	agent and title if appl	cable. (NOTE:	Registered Ag	gent signatu	re required	when reinstating)		DATE		
		FEE IS \$150.00 5 Fee will be \$5	, ,	Election Campaig Trust Fund Contri	*	ng 🗆		00 May Be ed to Fees				
10.	Р	- OFFICERS	AND DIRECTO		11.	1	0/2	ADDITIONS/	CHANGES TO OF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSEY	Y, JERRY E ENTRAL AVE. LES, FL 33853		☐ Delete	TITLE NAME STREET A CITY-ST		P/D			, X .1	Change	☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 W. CI	Y, LINDA S ENTRAL AVE. LES, FL 33853		☐ Delete	TITLE NAME STREET A	ADDRESS	VP/S	T/D			Change	Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 W. C	Y, LINDA S ENTRAL AVE. LLES, FL 33853		Delete	TITLE NAME STREET A						Change	□ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 W. CI	Y, LINDA S ENTRAL AVE. LES, FL 33853		Delete	TITLE NAME STREET A	- 1					Change	☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST	Į.					Change	Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET A CITY-ST						Change	Ad

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direct 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 changed, or on an attachment with an address, with allyother like empowered.

2/26/05 (863) 679-7888 LINDA S. JOHNSEY