

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080164

FILED
Apr 15, 2008
Secretary of State

Entity Name: ALVIN CARLSWARD PROPERTIES, INC.

Current Principal Place of Business:

6735 37TH STREET
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12063
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 51-0518897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, MARILYN C
6985 37TH STREET
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODKNIGHT, JOHN C
Address: P.O. BOX 12063
City-St-Zip: GAINESVILLE, FL 32604

Title: STD () Delete
Name: INGRAM, MARILYN C
Address: 6985 37TH STREET
City-St-Zip: VERO BEACH, FL 32966

Title: VD () Delete
Name: ROSKE, JOYCE
Address: 7030 41ST STREET
City-St-Zip: VERO BEACH, FL 32967

Title: VD () Delete
Name: CARLSWARD, NATHAN E
Address: 246 14TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: VD () Delete
Name: LONIAK, SYLVIA
Address: 8787 SUMMIT ROAD
City-St-Zip: HARRISON, AR 72601

Title: VD () Delete
Name: GOODKNIGHT, MARSHALL K
Address: 3450 14TH STREET
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN C. GOODKNIGHT

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date