

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000114580

1. Entity Name
ALPHA AND OMEGA REAL ESTATE CORPORATION



Principal Place of Business
555 W. GRANADA BLVD.
SUITE E-8
ORMOND BEACH, FL 32174

Mailing Address
P.O. BOX 1977
ORMOND BEACH, FL 32175

DO NOT WRITE IN THIS SPACE

FILED
Sep 04, 2008 08:00 AM
Secretary of State



05282008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1534879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THRASHER, JACKIE L
555 W. GRANADA BLVD.
SUITE E-8
ORMOND BEACH, FL 32174

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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 Agent signature required when reinstating)

U000000959035
09/04/08-80002-022 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THRASHER, JACKIE L
STREET ADDRESS	555 W. GRANADA BLVD., STE E-8
CITY- ST- ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:

Jackie L. Thrasher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-08 (386) 795-2074
Date Daytime Phone #

JACKIE L. THRASHER, PRESIDENT