

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000115543

1. Entity Name
ALIDOR, INC.



Principal Place of Business
**6900 GULF BOULEVARD
ST. PETE BEACH, FL 33706**

Mailing Address
**6595 GULF BOULEVARD
ST. PETE BEACH, FL 33706**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1465593

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHLAPOWSKI, PATTI BROWN
6680 GULF BOULEVARD
ST. PETE BEACH, FL 33706**

**DO NOT WRITE
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)

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	P
NAME	HERMAN, DOROTHEA
STREET ADDRESS	6595 GULF BOULEVARD
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	VP
NAME	HERMAN, ALISON
STREET ADDRESS	678 CORTEZ DRIVE
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	D
NAME	HERMAN, SIDNEY
STREET ADDRESS	6595 GULF BOULEVARD
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000392446
01/24/06-80079-022 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06 727 360 4259
Date Daytime Phone #