

2008 FLS PROXY CORPORATION ANNUAL REPORT

DOCUMENT # P0400049890	
1. Entity Name ALBA AND SONS, INC.	



Principal Place of Business 2897 SUNNY PINES BLVD JACKSONVILLE, FL 32250	Mailing Address 2897 SUNNY PINES BLVD JACKSONVILLE, FL 32250
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FILED
08 OCT -1 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1829843	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	

6. Name and Address of Current Registered Agent ALBA, JOSE 2897 SUNNY PINES BLVD JACKSONVILLE, FL 32250
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILED BY FEI IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBA, JOSE 2897 SUNNY PINES BLVD JACKSONVILLE, FL 32250
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information indicated on this report or supplied by the corporation or the registered agent, 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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this report.	
Signature of Agent _____ Date _____	Signature of Officer/Director _____ Date _____